## UNIVERSITY OF COLOMBO, SRI LANKA FACULTY OF GRADUATE STUDIES APPLICATION FOR ADMISSION

Application No:
Reg. No: 2018/PGDBM/

## Postgraduate Diploma in Business Management (PGDBM) 2018/2019 (Weekend / Weekday)

PERSONAL DATA				
NAME IN FULL (Underline the Last Name)	:			
NAME WITH INITIALS	:			
CONTACT ADDRESS	:			
HOME ADDRESS (If home address defers from contact address	:ss)			
TELEPHONE	:HOME :	OFFICE:	MOBI	LE:
E-MAIL	:			
DATE OF BIRTH	:/19 DATE / MONTH / YEA		NIC NO:	
NATIONALITY	:		CIVIL STATU	JS:
SEX	: MALE / FEMALE			
EDUCATIONAL QUAL University Education (Submi				
University (If applicable)	Degree	Date of Degree	e	Class
Professional Qualifications w	vith full details: *			
Qualifications	University/Institute	Course		Date of Award
*Submit certify copies if the	applicant is not a gradu	ıate		

Any other Qualificati	ons:			
WORK EXPERIEN	ICE			
Please list the employr	ment background, beginning wi	th your mo	ost recent position.	
Date (Month & Year)	Position held by the Candid	date	Name & Address	s of Employer
From				
Го				
From				
Го		••••		
From				
Го				
From Γο				
Certify that the above	e particulars given by me are to bide by the rules and regulation	rue and ac	curate to the best of n	ny knowledge
Date:			Signature of App	olicant
	FOR OFFICE U	SE ONL	<u>Y</u>	
A sa damia Ovalif	instinus			
Academic Qualif	ications			
Professional Qua	lifications			
Other experience				Photograph Here
Qualified for the	Programme			
Recommendation	of the selection Committee			