## UNIVERSITY OF MORATUWA FACULTY OF INFORMATION TECHNOLOGY DEPARTMENT OF COMPUTATIONAL MATHEMATICS

| Applica                           | ation F | orm for        | · Mast          | er of                      | f Scien                      | ce/]    | Post  | Grad    | uate ]       | Diplom                | a in Artifi                  | cial Intell | igence  |      |
|-----------------------------------|---------|----------------|-----------------|----------------------------|------------------------------|---------|-------|---------|--------------|-----------------------|------------------------------|-------------|---------|------|
| For Office Use                    | Only    | App            | licatio         | n No                       | o: MSC                       | CAI     | / 18/ | 0       | ••••         | •••••                 |                              |             |         |      |
| 1. PERSONAL P                     | PARTIC  | CULAR          | RS              |                            |                              |         |       |         |              |                       |                              |             |         |      |
| Mr. / Mrs. /Miss / N<br>Other     |         | Name           | in Ful          | l : ()                     | Write in                     | BL      | OCK   | letters | and <u>u</u> | ınderline             | <u>surname/f</u>             | amily name) | )       |      |
|                                   |         |                | Natio           | National Identity Card No. |                              |         |       |         |              | Date of Birth         |                              |             | Marital |      |
| ☐ Sri Lankan ☐ Other (Specify)    |         | •••••          |                 |                            |                              |         |       | Year    | Month        | Day                   | Status  Married Single       |             |         |      |
| Home Address                      |         |                |                 | 0                          | ffice A                      | <br>ddr | ess.  |         |              |                       | Contac                       | t Address   |         |      |
| Tel:<br>e-mail:<br>2. ACADEMIC (  | QUALII  | FICAT          | IONS            |                            | el/ Fax<br>mail:             | :       |       |         |              |                       | Mobile<br>Tel/ Fa<br>e-mail: | ıx:         |         |      |
| A. Post – secondary               | Educat  |                |                 |                            |                              |         |       |         |              |                       |                              |             |         |      |
| From To Month / Year Month / Year |         |                | School Attended |                            |                              |         |       |         |              | Certificate / Diploma |                              |             |         |      |
|                                   |         |                |                 | 1.0                        |                              |         |       |         |              |                       |                              |             |         |      |
| B. Tertiary Education From        | on (Und | dergradu<br>To | iate an         |                            | stgradu<br>I <b>nstitu</b> t |         |       |         |              |                       | relevant cer<br>Degree/ Ma   | •           | Class/  |      |
| Month / Year                      | Moi     | nth / Ye       | ear             |                            | Atter                        |         |       |         |              | 1                     | Subjects                     |             | Rank    | Year |
|                                   |         |                |                 |                            |                              |         |       |         |              |                       |                              |             |         |      |
|                                   |         |                |                 |                            |                              |         |       |         |              |                       |                              |             |         |      |

| C. TOEFL/GMA  |  |                                  |                        |                         |         |                |  |  |
|---|--|----------------------------------|------------------------|-------------------------|---------|----------------|--|--|
| Is English your mother tongue? Yes / No If No:  |  |                                  |                        |                         |         |                |  |  |
| a) What is the highest examination you have passed in English?                          |  |                                  |                        |                         |         |                |  |  |
| b) Your language of instruction at the University / Professional body:                  |  |                                  |                        |                         |         |                |  |  |
| c) TOFEL / IELTS Score (If available):  |  |                                  |                        |                         |         |                |  |  |
| d) GMAT / GRE Score (If available):   |  |                                  |                        |                         |         |                |  |  |
| <b>D.</b> Membership of Professional Bodies :   |  |                                  |                        |                         |         |                |  |  |
| From  | To   | Professional body                | ld / membership Status |                         |         |                |  |  |
|   |  |                                  |                        |                         |         |                |  |  |
|   |  |                                  |                        |                         |         |                |  |  |
|   |  |                                  |                        |                         |         |                |  |  |
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|   |  |                                  |                        |                         |         |                |  |  |
|   |  |                                  |                        |                         |         |                |  |  |
| <b>E.</b> List in chronolo  | gical order any Uı                           | iversity scholarships,           | prizes or              | other awards re         | ceived. |                |  |  |
|   | 8  | ·                                | <b>F</b>               |                         |         |                |  |  |
|   |  |                                  |                        |                         |         |                |  |  |
|   |  |                                  |                        |                         |         |                |  |  |
|   |  |                                  |                        |                         |         |                |  |  |
| 3. WORK EXPE  |  |                                  |                        |                         |         |                |  |  |
| Total Years of exp  |  |                                  |                        |                         |         |                |  |  |
| Total Years of experience after professional qualifications (eg. After MIE (Sri Lanka)) |  |                                  |                        |                         |         |                |  |  |
|   |  | obs held last 5 years)           |                        |                         |         |                |  |  |
| From<br>Month / Year  | To<br>Month / Year                           | Name & Address o<br>Organization |                        | <b>Title / Position</b> |         | Nature of Work |  |  |
| Wildin / I cui  | Widness / I cas                              | O1 gamzation                     |                        |                         |         |                |  |  |
|   |  |                                  |                        |                         |         |                |  |  |
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|   |  |                                  |                        |                         |         |                |  |  |
| B. Present Occupat  | tion   |                                  |                        |                         |         |                |  |  |
| Date of   | Name of Firm / Organization Title / Position |                                  |                        |                         |         | Main Duties    |  |  |
| Commencement  |  | , 0.18                           | Title / I osition      |                         |         | - Wain Duties  |  |  |
|   |  |                                  |                        |                         |         |                |  |  |
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|   |  |                                  |                        |                         |         |                |  |  |
|   |  |                                  |                        |                         |         |                |  |  |
| 4 OTHER INFORMATION   |  |                                  |                        |                         |         |                |  |  |

| A. Other relevant information (Such as courses attended, research undertaken, publications etc.)                            |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
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| B. Source of finance for the study? Privately / Sponsored   |  |  |  |  |  |  |
| If sponsored, please specify the sponsor:   |  |  |  |  |  |  |
| in sponsorous, prouse specify the sponsor.  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
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| <b>C.</b> Please describe briefly your reasons for wishing to study this  | course and how you see it fitting into your future career. |  |  |  |  |  |
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|   |  |  |  |  |  |  |
| <b>D.</b> Are you registered for any other postgraduate course? Yes   | / No   |  |  |  |  |  |
| If 'Yes' give details in the space provided and attach a letter   | obtained from the respective Head of the Department,       |  |  |  |  |  |
| where you are following the course.   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| Course title:   |  |  |  |  |  |  |
| Commencement date: Expected date of completion.   |  |  |  |  |  |  |
| Type of course: (Part time / Full time)   |  |  |  |  |  |  |
| Registration number:  |  |  |  |  |  |  |
| Name of the academic entity offering the programme:   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| <b>E.</b> Name, designation & address of two referees:  |  |  |  |  |  |  |
| 1.  | 2.   |  |  |  |  |  |
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|   |  |  |  |  |  |  |
| 5. DECELARATION   |  |  |  |  |  |  |
| I affirm that all statements made by me on this from are correct  |  |  |  |  |  |  |
| omission of material information) will render this application invalid and that, if admitted and awarded a place on the     |  |  |  |  |  |  |
| basis of such information, my candidature can be terminated, and I can also be subject to any penalty dictated by the rules |  |  |  |  |  |  |
| of the University of Moratuwa.  |  |  |  |  |  |  |
| Date:   | Signature:   |  |  |  |  |  |

Please send your application to: -

The Coordinator

M.Sc. / Postgraduate Diploma in Artificial Intelligence, Department of Computational Mathematics, Faculty of Information Technology, University of Moratuwa Katubedda , Moratuwa.

## Closing date for application is 25<sup>th</sup> May 2018

## Check list

| 1. | Certified copies of certificates of academic qualifications (Degree & Transcript)  |  |
|----|--|--|
| 2. | Certified copy of Degree certificates (should certify the university)  |  |
| 3. | Certified copies of certificates of membership/associate membership/graduate ship of professional institutions.  |  |
| 4. | Letter of Sponsorship (if applicable.)   |  |
| 5. | Certified copy of Birth Certificate  |  |
| 6. | Certified photo copy of National Identity card   |  |
| 7. | Letter from Head of Department to indicate that you are persistently following a postgraduate course in a University or Higher Education Institute (Refer 4 D of the application form) |  |