

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

Application No:.....

Reg. No: 2018/PGDBM (ML)/.....

Postgraduate Diploma in Business Management-mL 2018/2019
Online Programme
(Weekday)

PERSONAL DATA

NAME IN FULL :
(Underline the Last Name) :

NAME WITH INITIALS :

CONTACT ADDRESS :

HOME ADDRESS :
(If home address differs from contact address)

TELEPHONE : HOME:.....OFFICE:.....MOBILE:.....

E-MAIL (Block Capital) :

DATE OF BIRTH :/...../19..... NIC NO:.....
DATE / MONTH / YEAR

NATIONALITY : CIVIL STATUS:.....

SEX : MALE / FEMALE

EDUCATIONAL QUALIFICATIONS:

University Education (Submit Certify Copies):

University (If applicable)	Degree	Date of Degree	Class
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Professional Qualifications with full details: *

Qualifications	University/Institute	Course	Date of Award
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*Submit certify copies if the applicant is not a graduate

Any other Qualifications:

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WORK EXPERIENCE

Please list the employment background, beginning with your most recent position.

Date	Name & Address of Employer	Position or Title
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A brief description of current responsibilities:

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I certify that the above particulars given by me are true and accurate to the best of my knowledge and I am prepared to abide by the rules and regulations of the University of Colombo, Sri Lanka.

Date:.....

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Signature of Applicant

FOR OFFICE USE ONLY

Academic Qualifications	<input type="text"/>
Professional Qualifications	<input type="text"/>
Other experience	<input type="text"/>
Qualified for the Programme	<input type="text"/>
Recommendation of the selection Committee	<input type="text"/>

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