UNIVERSITY OF MORATUWA

	D	EPART	MENT	OF	MANA	\GE	MENT	OF TECH	NOLOGY			
Арр	lication Form for	Maste	r of Bu	isine	ess Adı	mini	strati	on in Man	agement of	f Techno	logy - 2	2019
1. PERSONA	L PARTICULAR	S										
 Mr. Mrs. Miss. Ms. 	 Mr. Name in Full : (Write in BLOCK letters and underline surname/family name) Mrs. Miss. Ms. 							Marital Status Married Single 				
Nationality		National Identity Card No.				. Date of Birth			Age			
□ Sri Lankan	: . .)							Year	Month Day		-	
Other (SpecHome Address	ify)		Office		ddress				Contact	Adduosa		
	C QUALIFICATI	ONS	Tel/] E-ma						Tel/ Fax Mobile: E-mail:	:		
A. Post – second												
From Month / Year	To Month / Year	S	School	Atte	ended			Cert	tificate / Di	iploma		Year
B. Tertiary Educ	cation (Undergradu		i Postgi itution		/			ree/ Main	clevant certif			Duration
From Month / Year	10 Month / Year		ttended					ubjects	Rank		ear	Juration (3 Year or 4 Year)

C. TOEFL/GMAT

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) :

D. Membership of Professional Bodies :

From	ip of Professional B	Professional body	r		Post Held / n	embership Status	
	10				1 UST 11CIU / 11	iember smp Status	
E. List in chro	nological order anv	University scholarshi	ps. prizes o	r other awards	s received.		
			.ps, p=====				
3. WORK EX	XPERIENCE						
Total Years of	f experience after gr	aduation					
Total Years of	f experience after pr	ofessional qualificatio	ons (eg. After	MIE (Sri Lank	(a))		
A. Previous O	Occupations (Please l	ist jobs held last 5 years)		I.		
From	То	Name & Address (of firm /				
Month /	Month / Year	Organization		Title /	e / Position Nature of V		
Year							
B. Present Oc	cupation						
Date of Joining	Name of Firr	n / Organization	Title / Position			Duties	

4. OTHER INFORMATIO	Ν
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A. Other relevant information (Such as courses attended, research undertaken, publications etc.)

B. Do you have any physical or other disabilities which might necessitate special arrangements?

C. Source of finance for the study? **Privately / Sponsored** If sponsored, please specify the sponsor:

D. Please describe briefly your reasons for wishing to study this course and how you see it fitting into your future career.

E. Are you registered for any other postgraduate course? **Yes / No** If 'Yes' give details:

F. Name, designation & address of two referees:

 1.
 2.

 5. DECELARATION
 2.

I affirm that all statements made by me on this from are correct. I understand that any inaccurate or false information (or 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 :
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Please send your application to :-

MBA Administrative Officer Department of Management of Technology University of Moratuwa Moratuwa 10400.

Closing date for applications is 14th July 2017

Check whether you have attached the following:

- 1. Copies of certificates of academic qualifications.
- 2. Copies of certificates of membership/associate membership/graduate ship of professional institutions.
- 3. Letter of consent from employer regarding leave / permission.
- 4. Letter of Sponsorship (if applicable.)

5. Pay-in voucher/receipt.

LETTER OF CONSENT FROM THE EMPLOYER GRANTING PERMISSION FOR STUDY

MBA Administrative Officer Department of Management of Technology University of Moratuwa Moratuwa 10400

RE: Mr./ Mrs./ Ms./ Miss: Applicant for MBA in Management of Technology Programme in University of Moratuwa

If he/she is selected:

- i. I grant/do not grant permission for him/her to pursue studies during evenings of working days (from 5.30 pm -8.30 pm) and Saturdays (whole day) during the study period.
- ii. I grant / do not grant official leave for him/her for attending classes.
- iii. Our organization will/will not sponsor his/her course fees.

I recommend /do not recommend Mr./Mrs./Miss. for the above course.

Yours sincerely

Signature	:
Name	:
Designation	:
Organisation	:
Date	·

UNIVERSITY OF MORATUWA

DEPARTMENT OF MANAGEMENT OF TECHNOLOGY

LETTER OF RECOMMENDATION FOR MASTER OF BUSINESS ADMINISTRATION

CONFIDENTIAL

Note to candidates: Please enter your name below and forward this form to your referee requesting that it be completed and returned to: MBA Administrative Officer, Department of Management of Technology, University of Moratuwa, Katubedda, Moratuwa 10400, Sri Lanka.

1. Full Name of Applicant (Underline surname):

2. How long have you known the applicant and in what capacity?

3. What do you consider as his/her major talents or strengths?

4. What do you consider as his/her major liabilities or weaknesses?

5. What do you think are the applicant's reasons for deciding to take this course? Do you think that these reasons are sound?

6. Please indicate how the applicant relates to the group in which you know him/her.							
Quality/Skills	Outstanding	Very good	Good	Average	Poor		
(a) Intellectual ability							
(b) Originality of work							
(c) Managerial ability							
(d) Technology interest							
7. Does the applicant show a	any evidence of caree	r, personality or emoti	onal problems? If so	please explain.			
8. If you are the employer of and how will it contribute to	r manager of this can o your organization?	didate, how will this tr	raining benefit his/he	r future career within	your organization		
9. Any other comments :							
Name of the Referee :							

	•
Signature	:
Position	:
Date	:
Official address	:

UNIVERSITY OF MORATUWA

DEPARTMENT OF MANAGEMENT OF TECHNOLOGY

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0 Any other comments :							
9. Any other comments :							
Name of the Referee :							
Signature :							

Signature	:
Position	:
Date	:
Official address	: