

# UNIVERSITY OF MORATUWA

## DEPARTMENT OF MANAGEMENT OF TECHNOLOGY

### Application Form for Master of Business Administration in Entrepreneurship - 2019

#### 1. PERSONAL PARTICULARS

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss. <input type="checkbox"/> Ms. <input type="checkbox"/> .....	<b>Name in Full</b> : <i>(Write in BLOCK letters and <u>underline</u> surname/family name)</i>	<b>Marital Status</b> <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> .....
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<b>Nationality</b> <input type="checkbox"/> Sri Lankan <input type="checkbox"/> Other ( <i>Specify</i> ).....	<b>National Identity Card No.</b> <table style="width: 100%; text-align: center;"> <tr> <td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> </table>											<b>Date of Birth</b> <table style="width: 100%; text-align: center;"> <tr> <td style="width: 30px;">Year</td> <td style="width: 30px;">Month</td> <td style="width: 30px;">Day</td> </tr> </table>	Year	Month	Day	<b>Age</b>
Year	Month	Day														

<b>Home Address</b>    <b>Tel:</b> <b>E-mail:</b>	<b>Office Address</b>    <b>Tel/ Fax:</b> <b>E-mail:</b>	<b>Contact Address</b>    <b>Tel/ Fax:</b> <b>Mobile:</b> <b>E-mail:</b>
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#### 2. ACADEMIC QUALIFICATIONS

##### A. Post – secondary Education

From Month / Year	To Month / Year	School Attended	Certificate / Diploma	Year

##### B. Tertiary Education (Undergraduate and Postgraduate). *Please attach copies of relevant certificates.*

From Month / Year	To Month / Year	Institution / University Attended, Country	Degree/ Main Subjects	Class/ Rank	Year	Duration (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 :**

<b>From</b>	<b>To</b>	<b>Professional body</b>	<b>Post Held / membership Status</b>

**E. List in chronological order any University scholarships, prizes or other awards received.****3. WORK EXPERIENCE**

Total Years of experience after graduation

Total Years of experience after professional qualifications *(eg. After MIE (Sri Lanka))***A. Previous Occupations *(Please list jobs held last 5 years)***

<b>From Month / Year</b>	<b>To Month / Year</b>	<b>Name &amp; Address of firm / Organization</b>	<b>Title / Position</b>	<b>Nature of Work</b>

**B. Present Occupation**

<b>Date of Joining</b>	<b>Name of Firm / Organization</b>	<b>Title / Position</b>	<b>Duties</b>

<b>4. OTHER INFORMATION</b>	
A. Other relevant information ( <i>Such as courses attended, research undertaken, publications etc.</i> )	
B. Do you have any physical or other disabilities which might necessitate special arrangements?	
C. Source of finance for the study? <b>Privately / Sponsored</b> 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? <b>Yes / No</b> If 'Yes' give details:	
F. Name, designation & address of two referees:	
1.	2.
<b>5. DECLARATION</b>	
I affirm that all statements made by me on this form 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.	
<b>Date :</b>	<b>Signature :</b>

Please send your application to :-

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

**Closing date for applications is 14<sup>th</sup> July 2017**

Check whether you have attached the following:

1. Copies of certificates of academic qualifications.
2. Copies of certificates of membership/associate membership/graduateship 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 Entrepreneurship Programme in University of Moratuwa**

I understand that Mr./Mrs./Ms./Miss:..... who is working at our organisation has applied for MBA/PG Diploma Programme in the University of Moratuwa, scheduled to be commenced in January 2016.

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./Ms./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 any evidence of career, personality or emotional problems? If so please explain.					
8. If you are the employer or manager of this candidate, how will this training benefit his/her future career within your organization and how will it contribute to your organization?					
9. Any other comments :					

Name of the Referee :

Signature :

Position :

Date :

Official address :

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Name of the Referee :  
Signature :  
Position :  
Date :  
Official address :