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

Application No:	
Reg. No: 2017/MEM/	

Master of Environment Management 2017/2018

PERSONAL DATA			
NAME IN FULL (Underline the Last Name)			
NAME WITH INITIALS	:		
CONTACT ADDRESS	:		
HOME ADDRESS (If home address defers from contact ac			
TELEPHONE	:HOME :	OFFICE:	MOBILE:
E-MAIL	i		
DATE OF BIRTH	DATE / MONTH		
NATIONALITY	·	CIVIL ST	TATUS:
SEX	: MALE / FEMA	LE	
EDUCATIONAL QU. University Education (Sub		<u>):</u>	
University (If applicable)	Degree	Date of Degree	Class
Professional Qualification	s with full details: *		
Qualifications Uni	versity/Institute	Duration of the Course	Date of Award
*Submit certified copies.			

ORK EXPER	<u>IENCE</u>			
ease list the emp	loyment background, beginning wit	th your mo		
te	Name & Address of Employer		Your Pos	sition or Title
orief description	of current responsibilities:			
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ertify that the all I am prepared	bove particulars given by me are treation to abide by the rules and regulation FOR OFFICE U	rue and acc	curate to the best of civersity of Colombo	f my knowledge o, Sri Lanka.
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ertify that the ald I am prepared te:	bove particulars given by me are to abide by the rules and regulation FOR OFFICE U nalifications Qualifications	rue and acc	curate to the best of civersity of Colombo	f my knowledge o, Sri Lanka.
Academic Que Professional Other experie	bove particulars given by me are to abide by the rules and regulation FOR OFFICE U nalifications Qualifications	rue and acc	curate to the best of civersity of Colombo	f my knowledge o, Sri Lanka. Applicant