

UNIVERSITY OF COLOMBO, SRI LANKA
FACULTY OF GRADUATE STUDIES

App No:.....

APPLICATION FOR ADMISSION

Master of Development Studies (MDS) 2019

PERSONAL DATA

NAME IN FULL :
(Underline the Last Name) :
:

NAME WITH INITIALS :
:

CONTACT ADDRESS :
:

OFFICIAL ADDRESS :
(If the official address differs from
contact address) :

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

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

E-MAIL :

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
.....
.....
.....
.....
.....

Professional Qualifications with full details: *

Course Name	University/Institute	Date of Award
.....
.....
.....
.....

Any other Qualification:

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.....
.....

WORK EXPERIENCE

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

Date (Month & Year)	Position held by the Candidate	Name & Address of Employer
From
To
From
To
From
To

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:

.....
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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