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

(For Office Use Only)
App No: C-.....
App Admission Fee- .....
Category - Local / Foreign

Master of Development Studies - MDS 2027 (Hybrid Mode)

PERSONAL DATA:

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

NAME WITH INITIALS : .....
.....

CONTACT ADDRESS : .....
.....
.....

HOME ADDRESS : .....
(If home address is different .....
from contact address) .....

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

EMAIL : .....

DATE OF BIRTH : ..... NIC NO: .....
(DATE / MONTH / YEAR)

NATIONALITY : ..... CIVIL STATUS: .....

RELIGION : .....

GENDER (Male/Female/Other) : .....

EDUCATIONAL QUALIFICATIONS:

University Education (Submit Certifies Copies):

Degree	Class	University (If applicable)	Effective Date

Professional Qualifications (Submit Certifies Copies):

Qualification	Duration	University / Institute	Effective Date

Any Other Qualifications:

……
……
……
……

WORK EXPERIENCE:

Please list the employment background, starting from your most recent position.

Date		Name & Address of Employer	Position
From D/M/Y	To D/M/Y		

A brief description of current responsibilities:

……
……
……
……

Are you a currently registered student of any degree programme conducted by the University of Colombo or any other Higher Educational Institute? Explain:

Name of the Programme: .....
……

Faculty /Institute:.....
……

Current status of the programme:.....
……
……

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. Further, I hereby accept and authorize the use of the email address and WhatsApp number provided in this application for all communications regarding my registered postgraduate programme. I consent to receive correspondence, updates, and official notices through these channels.

……. .....

Signature of the Applicant Date

Passport Size
Photograph Here