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

		20	23	
PERSONAL DATA	<u>.</u>			
NAME IN FULL (Underline the Last Name))			
NAME WITH INITIALS				
CONTACT ADDRESS				
HOME ADDRESS (If home address is different from contact address)	m			
TELEPHONE	:HOME :	OFFICE:	MOBILE:	
E-MAIL				
DATE OF BIRTH	DATE / MONTH	/ YEAR	NIC NO:	
RELIGION			CIVIL STATUS:	
Gender : MALE	/ FEMALE/OT	HER	Medium:	
EDUCATIONAL QU GCE Ordinary Level Ex			es):	
Subject		Grade	Subject	Grade

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Subject	Grade	

Grade	Subject	Grade
	Grade	Grade Subject

WORK EXPERIENCE

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

Date			
From	То	Name & Address of Employer	Position
D/M/Y	D/M/Y		
rief descri	iption of curr	ent responsibilities:	

Are you a currently registered student of any degree or any diploma 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.

Date:	
	Signature of the Applicant

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Academic Qualifications	
Professional Qualifications	
Other experience	
Qualified for the Programme	
Recommendation of the selection Committee	

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