

**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 Business Studies (MBS) 2025

Onsite - Weekend Programme

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:

E-MAIL :

DATE OF BIRTH : NIC NO:
DATE / MONTH / YEAR

NATIONALITY : CIVIL STATUS:

RELIGION :

GENDER : MALE / FEMALE/OTHER

EDUCATIONAL QUALIFICATIONS:

University Education (Submit Certified Copies):

Degree	Class	University(If applicable)	Effective Date

Professional Qualifications(Submit Certified Copies):

Qualification	Duration	University/Institute	Effective Date

Any other Qualifications:

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.....

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:

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.....

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:.....
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Faculty / Institute:.....
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Current status of the programme:.....
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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.

.....
Signature of the Applicant

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Date:

