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 Regional Development and Planning (MRDP) 2023/24

PERSONAL DATA				
NAME IN FULL				
(Underline the Last Name)	1			
NAME WITH INITIALS	••••			
CONTACT ADDRESS				
HOME ADDRESS	•••••			
(If home address is different fro	om	•••••		
contact address)				
TELEPHONE	HOME :	OFF	ICE: MOBIL	E:
E-MAIL	:	•••••		
DATE OF BIRTH	:		NIC NO:	
	DATE / MONTH	/ YEAR		
NATIONALITY	:		CIVIL STATUS:	
RELIGION	:			
GENDER : MALI	E / FEMALE/O'	ГНЕК		
EDUCATIONAL Q				
University Education	(Submit Certif	ied Copies):	T	T 1
Degree		Class	University(If applicable)	Effective Date
Professional Qualific	ations(Submit	Certified Copic	es):	
Qulification	n I	Ouration	 University/Institute	Effective Date
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<u>ay other Qu</u>	alifications:		
ORK EXI	<u>PERIENCE</u>		
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Date		Name & Address of Employer	Position
From D/M/Y	To D/M/Y	Name & Address of Employer	I OSITION
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-	-	tly registered student of any degree pr	_
y the Unive	ersity of Colom	oo or any other Higher Educational In	stitute? Explain:
ame of the Pr	ogramme:		
aculty / Instit	ute:		
urrent status	of the programme		
certify that	the above partic	culars given by me are true and accurate	to the best of my knowled
nd I am pre	pared to abide b	y the rules and regulations of the Univers	sity of Colombo, Sri Lanka
			Photograph
			Here
Cignoture	of the Applicant	Date:	"
signature (of the Applicant	Date:	