

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

POSTGRADUATE DIPLOMA IN BUSINESS MANAGEMENT

2025/2026 - PGDip (Busi Mgmt) 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 :.....
DATE / MONTH / YEAR

NIC NO:.....

NATIONALITY :.....

CIVIL STATUS:.....

RELIGION :.....

GENDER : MALE / FEMALE/OTHER

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EDUCATIONAL QUALIFICATIONS:

University Education (Submit Certified Copies):

Degree	Class	University(If applicable)	Effective Date

Any Other Diplomas (Submit Certified Copies):

Diploma/Higher Diploma	Duration	University/Institute	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 currently a 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.

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Signature of the Applicant

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Date:

