



WAYAMBA UNIVERSITY OF SRI LANKA

APPLICATION FOR ADMISSION

**To the Postgraduate Diploma / Master of Science (M.Sc.) / Master of Business Administration (MBA)
Master of Philosophy (M.Phil.) and Doctor of Philosophy (Ph.D.) Degree Programme**

Degree Sought	<input type="checkbox"/>	Postgraduate diploma	Faculty	<input type="checkbox"/>	Applied Sciences
	<input type="checkbox"/>	Master of Science		<input type="checkbox"/>	Faculty of Agriculture & Plantation Management
	<input type="checkbox"/>	Master of Business Administration (direct entry)		<input type="checkbox"/>	Business Studies & Finance
	<input type="checkbox"/>	PGDBM/MBA		<input type="checkbox"/>	Livestock, Fisheries & Nutrition
	<input type="checkbox"/>	M.Phil.			
	<input type="checkbox"/>	Ph.D.			

(Please tick the appropriate Box)

Field of Study: Academic Year/Intake:

IMPORTANT - Check List

Before sending this application to the Wayamba University of Sri Lanka, please check that you have attached following documents.

1. Completed application form with signature
2. Certified copy of the Birth Certificate
3. Certified copies of your educational certificates
4. Certified copies of certificates of training Programmes and professional qualifications
5. Research and work Experience
6. Certified copy of letter on financial assistantship/scholarship
7. Declaration by the Employer
8. Four (04) copies of synopsis on the proposed study - (For M.Phil. & Ph.D. applications)
9. Declaration by suggested supervisor/s - (For M.Phil. & Ph.D. applications)
10. Receipt for payment of Application Fee of Rs. 1,000.00*

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*Payment can be made either at the Shroff Counter of the Wayamba University of Sri Lanka or to the **Account Code : 0410140124000009** of Wayamba University of Sri Lanka at any branch of the Bank of Ceylon, and the receipt or the bank slip can be attached to the application form.

Please post the completed application along with other documents under registered cover to reach:

The Registrar, Wayamba University of Sri Lanka, Kuliyaipitiya.

1. Name in Full: Dr./Mr./Mrs./Miss :
(Use *BLOCK LETTERS*)

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2. Name with initials :

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3. Residential Address :

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4. Official Address :

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4. E-mail Address :

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5. Tel :

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Tel :

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Mobile

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Mobile

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6. National Identity Card No :

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7. Date of Birth : Day

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 Month

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 Year

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8. Marital Status : Single

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 Married

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9. Academic Qualifications (*Attach photocopies of certificates*) :

University	Period	Main subject/specialization	Degree & class	Effective Date
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10. Professional Qualifications/Training (*Attach photocopies of certificates*) :

Institution	Period	Field of Study/Training
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11. Work Experience (Most recent job first) :

Organization	Period of Service (DD/MM/YY)	Nature of Work	Position held
.....	From to
.....	From to
.....	From to
.....	From to

12 Briefly describe your current employment and work responsibilities.

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13. Managerial Experience (If applicable) :

Briefly describe your managerial experience.

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14. English Language Proficiency :

Excellent Good Average

15. How do you pay for your postgraduate studies?

Self-Financed Sponsored

If sponsored, by whom?

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(Please indicate the name of the institution and attach copy of such award)

16. Reasons for Study :

Give reasons why you would like to enroll in a Postgraduate Programme.

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17. List other information including your personal/career interests that you feel may be useful in the evaluation of your application.

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18. Please indicate under which category you are seeking admission.

(Please see the eligibility criteria in the Postgraduate By Laws)

1	2	3	4	5

19. Declaration by Applicant.

I certify that above information is true and correct. I understand that misrepresentation in application will cause rejection of application or revoking of acceptance for admission. I am aware that incomplete applications will be rejected. In the event of my application being accepted for registration for the postgraduate course of study, I hereby agree to abide by such By-Laws, Regulations and Rules of the University as are applicable to me.

Date:/...../.....

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Signature of Applicant

Recommendation of the employer (for employees of government organizations):

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Date:/...../.....
(Official stamp)

Signature:
Name:
Designation:
Address:
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For FHDC official use only

The application accepted / rejected by the Faculty Higher Degrees Committee, Faculty of on/...../..... Accepted as a provisional candidate.

Date:/...../.....

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Chairman/FHDC

For SRHDC official use only

The application accepted / rejected by the Senate Research and Higher Degrees Committee on/...../..... Accepted as a provisional candidate.

Date:/...../.....

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Chairman/SRHDC