



## **OTHER INFORMATION**

### **PART B – POSTGRADUATE DEGREES BY COURSE WORK (M.A(T)/MBA/MPM/M.Sc/PGD)**

**Application for:**.....

#### **1. ACADEMIC QUALIFICATIONS (attach copies of certificates)**

University	Period	Major Field	Degree/Diploma	Class-if any	Year

#### **2. PROFESSIONAL QUALIFICATIONS (attach copies of certificates)**

Institution	Period	Field of Study/Training	Qualification	Year

#### **3. WORK EXPERIENCE**

Organization	Period	Position held	Nature of Work

#### **4 ANY OTHER QUALIFICATIONS (if any)**

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#### **5. RESEARCH WORK (if any)**

List research topics, and the nature of the research activity undertaken.

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#### **6. PUBLICATIONS (if any)**

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**7. ACADEMIC AND /OR PROFESSIONAL HONOURS OR AWARDS (if any)**

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**8. SELF ASSESSMENT OF PROFICIENCY IN ENGLISH**

	Very good	Good	Fair	Weak
Reading				
Writing				
Conversation				

**9. IF YOU ARE AN EMPLOYEE, DO YOU HAVE THE APPROVAL OF YOUR EMPLOYER (Give details of your leave arrangements)**

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**10. BRIEFLY DESCRIBE YOUR REASONS FOR WISHING TO ENROLL IN THE PROGRAM. (include your personal/ career interests)**

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**11. GIVE NAMES AND CONTACT DETAILS OF REFEREES**

1.	2.
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I certify that the above information is true and correct. I understand that misrepresentation in the application will cause the rejection of application or revoking acceptance for admission at any stage.

Date.....

.....  
**Signature of Applicant**

Mail this application with relevant documents including Paying-in -voucher for Rs.1000/= under registered cover to A/C no 053010005865

**DEPUTY REGISTRAR, FACULTY OF GRADUATE STUDIES**  
**UNIVERSITY OF SRI JAYEWARDENEPURA, GANGODAWILA, NUGEGODA, SRI LANKA.**  
Telephone No: +94 112802551, Email: [deputyregiartrar.fgs@gmail.com](mailto:deputyregiartrar.fgs@gmail.com)

**FOR OFFICIAL USE**

**RECOMMENDATION OF THE COURSE COORDINATOR**

Recommend for the registration

Yes		No	
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Date: .....

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**Course Coordinator**

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**RECOMMENDATION OF SENATE**

Date of Senate Approval	
Meeting No:	
Date	

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**DEAN – FACULTY OF GRADUATE STUDIES**

Approval for Data Entry

Yes		No	
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Date: .....

.....

**Dean/Faculty of Graduate Studies**

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**DATA ENTRY**

Data Entered by:

Name of the Data entered person	
Designation	
Date of Entry	