

POSTGRADUATE INSTITUTE OF SCIENCE (PGIS) UNIVERSITY OF PERADENIYA

Application for Admission to the Masters Programme in

		For C	Office Use Only
FULL NAME: (Mr./Miss/Mrs./)(Please write in capitals)			
MAILING ADDRESS:		Fax:	
HOME ADDRESS:		Phone:	
DATE AND PLACE OF BIRTH:			HIP: L ID NO.:
	e):		
VEARS OF SERVICE:			
NAME & DESIGNATION OF EMPLO			
EDUCATIONAL QUALIFICATIONS (inc.) Please attach photocopies of certificate/s.	cluding postgraduate qualification/experi	ence):	
University/Institute	Degree/Diploma etc.	Year	Class/grade

RESEARCH PUBLICATIONS (If any): (If necessary attach a separate sheet)					
REASONS FOR SELECTING THE ABOVE M.Sc. PROGRAMME		Yes	No		
I am directly involved in this field I am generally interested in the subject					
The course might be helpful for my present employment					
The degree obtained could be used to further my higher education The programme might help me to obtain an employment in the field					
Other (specify)					
MODE OF PAYMENT OF PROGRAMME FEE: From personal funds / By employer / Other (Specify)					
NAMES AND ADDRESSES OF TWO REFEREES: Please arrange for reports to be sent before the deadline for receip Director, Postgraduate Institute of Science, P O Box 25, University (Relevant forms can be downloaded from the PGIS website)			uil to <u>ar@pgis.lk</u> .		
1. 2.					
I declare that the particulars given above are correct to the best of my knowledge and that I am currently NOT following any other postgraduate programmes in the PGIS. Further, I am not serving as Supervisor of any other Postgraduate student at the PGIS or not serving in the teaching panel/s of the PGIS.					
Date: Signate	ate: Signature of Applicant:				
Note: Students enrolled for a postgraduate programme at the PGIS should not register and follow any other postgraduate programme at the PGIS, until he/she complete the degree or cancel registration.					
AVAILABILITY OF STUDY LEAVE (applicable to those who ar State whether you are entitled to study leave for the period specific					
RECOMMENDATION OF THE HEAD OF THE INSTITUTION	:				
If Mr./Miss/Mrs		is selected for	r the above		
		ead of the Institution			
Name:	Designation				
Date:	Official Stamp	:			