

4. Contact Number:

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|---------------------|--|--|--|--|--|--|--|--|--|--|--|
| Tele (<i>Res</i>) | | | | | | | | | | | |
| Mobile | | | | | | | | | | | |

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|------------------------|--|--|--|--|--|--|--|--|--|--|--|
| Tele (<i>Office</i>) | | | | | | | | | | | |
| Mobile | | | | | | | | | | | |

5. National Identity Card No:

6. Date of Birth: Day Month Year

7. Material Status: Single Married

8. Email Address:

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

| University | Period | 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 | | |
| | | | | |
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Briefly describe your current employment and work responsibilities

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12. English Language Proficiency:

Excellent

Good

Average

13. Fees & Mode of Payment:

| Item | Amount (Rs.) | Mode of Payment |
|-------------------|--------------|-----------------|
| Course Fee | | |
| Research Expenses | | |

Please attached a 'Detailed Budget' to your Research Proposal

14.

14.1: Title of the Proposed Study:

(Please Annex 2 Copies of Research Proposal)

14.2: Enrolment Status:

Full Time

Part Time

14.3: Place/s where research work is to be carried out:

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14.4: Proposed Supervisor/s [Attach the Declaration Letter/s from the Supervisor/s and their CV's) (Please attached the same information separately for the 3rd Supervisor and more)

| | 1 st Supervisor | 2 nd Supervisor |
|-------------------------|----------------------------|----------------------------|
| (Name, Title & Address) | | |

| | | |
|-----------------------|--|--|
| Email Address | | |
| Telephone | | |
| | | |
| Official Frank | | |

15. Declaration by Applicant

I certify that information provided above are true and correct. I understand that misrepresentation in application will cause rejection of application or revoking of acceptance for admission. I am also 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: Signature

| Recommendation of the employer (for employees of government organizations): | | |
|---|--|-----------|
| Name: | | Signature |
| Designation: | | |

CHECK LIST

Before sending this application, please check that you have attached the following documents:

1. Completed **Application** Form with Signature
2. Complete **Curriculum Vitae (CV)** of the Applicant
3. Certified Copy of the **Birth Certificate**
4. Certified Copies of **Educational Certificates**
5. Certified Copies of Certificates of **Professional Qualifications**
6. **Academic Transcripts** (Should Directly be Sent to the Registrar, WUSL)
7. Two (02) Copies of **Research Proposal** Signed by Proposed Supervisors
8. Declaration by **Proposed Supervisor/s + CVs of Supervisors**
9. Declaration by the **Employer** (If Applicable)
10. Two (02) **Referee Reports**
11. Proposed **Budget** + Proof of Evidence of Funding / Financial Support
12. Three (03) Copies of **Passport size Color Photographs**
13. **Receipts** of Relevant Payments, including the Application Lodging Fee

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PAYMENTS:

- *Please be made either at*

*Shroff Counter of the Wayamba University of Sri Lanka OR
Bank of Ceylon (A/C No.0001473508) of at any branch of the Bank*

- *Please refer Ledger Code: 135069 in all your payments/receipts*
- *The receipt or the bank slip should be attached to the application form.*

SUBMISSION OF APPLICATION:

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

**The Registrar,
Wayamba University of Sri Lanka,
Kuliyapitiya**