



Please fill this form in **BLOCK CAPITALS**

**APPLICATION FOR MASTER OF BUSINESS ADMINISTRATION/ MASTER OF PHILOSOPHY
/DOCTOR OF PHILOSOPHY (by Research)**

Subject Discipline

BIOGRAPHICAL DATA

1. Name With Initials (Rev./Mr./Mrs./Ms./Others)

2. Full Name

3. Postal Address

4. Contact Telephone Nos.

Mobile	Residence
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5. E Mail Address

6. Date of Birth

D	M	Y
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7. Age as at applying date

D	M	Y
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8. Gender

Male	Female
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9. Nationality

10. NIC/Passport Number

11. EDUCATIONAL QUALIFICATIONS

(Degrees obtained and most recent one first)

(Please attach certified copies of Certificates/Academic Transcripts)

Qualification	Institution & Address	Date of Completion	Grade/GPA/Class

12. PROFESSIONAL QUALIFICATIONS**(Most recent one first)** *(Please attach certified copies of proofs)*

Qualification	Institution & address	Date of Completion	Grade/GPA/Class

13. EMPLOYMENT DETAILS (IF ANY)**(Most recent one first)** *(Please attach certified copies of Proofs)*

Name of Employer & Address	Designation	Service in Years

14. PROGRAMME DETAILS AND PROPOSED SUPERVISOR (Relevant only for MPhil and PhD students)

- I. Expected Faculty and the Department ; _____

- II. Tentative Research Topic; _____

Please attach your Research Synopsis with this Application

III. Proposed supervisor

Name
 Designation
 Affiliation
 Address
 Contact Number
 E-mail address

15. Have you previously applied for admission to this program?

Yes

No

16. Are you a currently registered or previously registered student for another postgraduate degree at this University?

Yes

No

If yes, give Details: _____

(Please submit all registration detail with the copies of relevant letters)

17. Any other relevant information that you wish to inform

18. Declaration by the Applicant

I do hereby certify that the above particulars furnished by me are true and accurate to the best of my knowledge. In the event of my application for registration being accepted, I shall abide by the rules and regulation governing postgraduate candidates of Uva Wellassa University of Sri Lanka.

Date

Signature

For office Use Only

Recommendation of the program coordinator	Recommended
	Not Recommended
Date	signature

BOS Recommendation

Payments Details

Description	Date received	Reference

File Reference