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| FULL NAME: (Mr. /Miss/Mrs.) ......................................................................................................................................……………*(Please write in capitals)* |
| MAILING ADDRESS: ..................................................……………………................................................…………………………………………………… ................................................…………………………………………………… ................................................…………………………………………………… | Phone: ..........................……… Fax: .......................................... E-mail: ...............................…… |
| HOME ADDRESS: ................................................………………………… ................................................…………………………………………………… ................................................…………………………………………………… ................................................…………………………………………………… | Phone: ..........................……… |
| DATE AND PLACE OF BIRTH: ..............................…………….. ………………..CIVIL STATUS: ...........................………………… SEX (M/F): ...................... | CITIZENSHIP: ............................ NATIONAL ID NO.: .................… |
| CURRENT EMPLOYMENT *(If applicable)*: (Please attch certified copies of service certificates)DESIGNATION & ADDRESS: .......................................................................................…………………………………NATURE OF DUTIES PERFORMED: ..................................................................................…………………………….YEARS OF SERVICE: ..................................................................................................................………………………..NAME & DESIGNATION OF EMPLOYER: ……………………………………………………………………………… |

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| EDUCATIONAL QUALIFICATIONS *(including postgraduate quali*ﬁ*cation):* Please attach certiﬁed copies of certiﬁcate/s. |
| University/Institute | Degree/Diploma etc. | Year | Class/grade |
|  |  |  |  |
| RESEARCH PUBLICATIONS *(If ny)*: *(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 |  |  |
| ooxWord://word/media/image4.binThe 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: |
| 1. | 2. |
| I declare that the particulars given above are correct to the best of my knowledge.Date: ………………….. Signature of Applicant: ………………………………… |

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| AVAILABILITY OF STUDY LEAVE (applicable to those who are employed):*State whether you are entitled to study leave for the period speci*ﬁ*ed.* |
| RECOMMENDATION OF THE HEAD OF THE INSTITUTION:............................................................................... Signature of Head of the InstitutionDesignation.........................................................Oﬃcial Stamp:If Mr./Miss/Mrs. ..................................................................................................................... is selected for the aboveprogramme he/she would be/ not be released on a full/part-time basis.Name: ...................................................................Date: ......................................................... |

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