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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 | |
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| 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 Institution  Designation.........................................................  Oﬃcial Stamp:  If Mr./Miss/Mrs. ..................................................................................................................... is selected for the above  programme he/she would be/ not be released on a full/part-time basis.  Name: ...................................................................  Date: ......................................................... |

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