



**EASTERN UNIVERSITY, SRI LANKA**  
**POSTGRADUATE STUDIES UNIT**  
**FACULTY OF COMMERCE AND MANAGEMENT**  
**MASTER OF DEVELOPMENT ECONOMICS (MDE) PROGRAMME**  
**APPLICATION FORM FOR ACADEMI YEAR - 2021/22**

For office use only Application No:..... Date:.....
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**1. Personal Information**

1.1. Name in Full : 



  
 (Rev./Dr./Mr./Mrs./Miss.)  
 (Use block letter)

1.2. Name with initial/s :

1.3. Date of Birth : 



 1.4 Age :

1.5. Sex : Male  Female  1.6 Civil Status: Single  Married

1.7. Nationality :

1.8. N.I.C/Passport No. :

1.9. a. Residential Address:

b. Office Address :

c. Postal Address :

1.10. a. Residential Phone No. :

b. Mobile Phone No. :

c. Office Phone No. :

d. Fax No. :

e. Email Address :

2. Academic Qualifications (Attach photocopies of the relevant certificates)

University	Period	Main Subjects/ Specialization	Degree & Class	Month & Year

3. Professional Qualifications (Attach photocopies of the relevant certificates)

Institute	Period	Field of Study / Training	Qualification	Month & Year

4. Work Experience

Organization	Period of Service			Position Held
	From	To	No. of Years	

\*Start with your present employment

**5. Research Details :**

Whether involved in any Research work ? Yes  No

If yes, Institution :.....

Project Name/ Title :.....

Duration :.....

*(if you have involved in more than on research work, please give the details in a separate sheet)*

**6. Publication/s: (list out your publications with title, name of the journal, year of publications etc.)**

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*(Please annex separate sheet if this space is insufficient)*

**7. Funding (Mode of Financing for the MDE Programme):**

Private  Sponsored  Undecided

If sponsored, by whom?.....

**8. Reasons for pursuing the MDE Programme :**

*(Briefly describe why you wish to enroll in the MDE Programme at the Faculty of Commerce and Management, Eastern University, Sri Lanka)*

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**9. List other information including your personal/career interests, which you may feel useful to the Admission Committee in the evaluation of your application :**

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I certify that the above particulars given by me are true and accurate to the best of my knowledge and aware that misrepresentation in the application will cause rejection of application or revoking of acceptance for admission and that an incomplete application will be rejected.

Date:.....

Signature of the Applicant:.....

**10. To be completed by Present Employer (if any):**

I hereby certify that Rev./Dr./Mr./Ms..... is employed as  
..... with effect from .....

Recommended and forwarded

Name:.....

Designation:.....

Date:.....

Signature of Employer:.....

(Official Rubber Stamp)

**Note:**

Duly completed application form along with relevant documents and two self-addressed envelopes are to be sent by registered post to the following address:

**The Assistant Registrar,  
Faculty of Commerce and Management,  
Eastern University, Sri Lanka,  
Vantharumoolai,  
Chenkalady,**

For Contacts:	Director:	0653641990
	Coordinator:	0774371659
	Head:	0652240735
	SAR/Exam	0652240584