UNIVERSITY OF COLOMBO, SRI LANKA FACULTY OF GRADUATE STUDIES APPLICATION FOR ADMISSION

App No: C
Reg. No:

Master of Regional Development and Planning (MRDP) 2022/2023

PERSONAL DAT	<u>'A</u>								
NAME IN FULL	2012/01/2014/2014								
(Underline the Last Name)									
NAME WITH INITIALS:									
CONTACT ADDRESS	************************************								
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HOME ADDRESS :									
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TELEPHONE	:HOME :	OFFICE:	MOBILE:						
E-MAIL	9.								
DATE OF BIRTH	:/.	/ MONTH / YEAR	NIC NO:						
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CITIZENSHIP	1		CIVIL STATUS: Select						
RELIGION	1	***************************************	ETHNICITY:	ETHNICITY:					
SEX	: MALE / FEMALE								
EDUCATIOANL		(55)							
University Education	<u>on (Submi</u>			D . CD					
Degree		Class	University(If applicable)	Date of Degree					
Professional Qualifications with full details: *									
Course		Duration	University/Institute	Date of Award					

^{*}Submit certified copies if the applicant is not a graduate

Any oth	er Qualifications:				
WORK	EXPERIENCE				
Please li	st the employmen	t background, beginning v	with your most recent	position.	
Fro		Name & Address	Po	osition	
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Date:				re of App	licant
		FOR OFFICE US	SE ONLY		
	Academic Qualifica				
	Professional Qualif	ications		닠	Photograph Here
	Other experience			亅 ㅣ	
	Qualified for the Pr	ogramme		<u></u>	
	Recommendation of	of the selection Committee			