

**UNIVERSITY OF MORATUWA  
FACULTY OF ENGINEERING  
DEPARTMENT OF MECHANICAL ENGINEERING**

**APPLICATION FOR MASTER OF ENGINEERING/ POSTGRADUATE DIPLOMA  
IN ENERGY TECHNOLOGY**

\*Select the course applied for

**1 PERSONAL INFORMATION**

<input type="checkbox"/> Mr  <input type="checkbox"/> Ms	<b>Name in Full:</b> (Write in BLOCK letters and <u>Underline</u> surname/ family name)  	<b>Date of Birth</b>  <table style="margin: auto; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 30px; text-align: center;">Y</td> <td style="border: 1px solid black; width: 30px; text-align: center;">M</td> <td style="border: 1px solid black; width: 30px; text-align: center;">D</td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"> </td> <td style="border: 1px solid black; height: 20px;"> </td> <td style="border: 1px solid black; height: 20px;"> </td> </tr> </table>	Y	M	D				<b>Age</b>  ..... yrs	<b>Marital Status</b>  <input type="checkbox"/> Married <input type="checkbox"/> Single
Y	M	D								
<b>Nationality:</b> Sri Lankan / Other (Specify) .....		<b>National Identity Card/ Passport No.:</b> .....								
<b>Home Address:</b>  <b>Tel:</b>  <b>Email:</b>		<b>Office Address:</b>  <b>Tel:</b>  <b>Fax:</b>  <b>e-mail:</b>								
<b>Contact Address:</b>										

**2 ACADEMIC QUALIFICATIONS**

Please attach **copies** of relevant certificates

**A Undergraduate Qualifications**

Course Duration		Name/Address of the Institution	Degree	Class /Rank	Year of Graduation
From Month/Year	To Month/Year				

**B Postgraduate Qualifications**

Course Duration		Name/Address of the Institution	Degree	Class /Rank	Year of Graduation
From Month/Year	To Month/Year				

**C List of any University scholarships, prizes or other awards received (in chronological order)**

--

**3 PROFESSIONAL QUALIFICATIONS****A Membership of Professional Organizations (Please enclose documentary evidence)**

From	To	Organisation	Post Held/Membership Status

**4 WORK EXPERIENCE**

Total number of years of work experience after graduation

Total number of years of work experience after obtaining professional qualification

**A Previous Occupations**

From Month/Year	To Month/Year	Name & Address of Organisation	Position & Nature of Work

**B Present Occupation**

From Month/Year	To Month/Year	Name & Address of Organisation	Position & Nature of Work

**5 OTHER RELEVANT INFORMATION****A Courses/Training/Seminars/Workshops Attended**

--

**B Other Relevant Information (such as research undertaken, publications, etc.)**

--

**6 REQUESTED PROGRAMME OF STUDY**

<b>A Study Programme</b>  MEng <input type="checkbox"/>  PG Diploma <input type="checkbox"/>	<b>B How will you finance postgraduate studies?</b>  Personal <input type="checkbox"/> Sponsored/Scholarship <input type="checkbox"/>  If Sponsored/Scholarship, source of fund:
--	---

<b>C Are you registered for any other postgraduate course?</b>  If 'Yes', give details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
---	---

<b>Name, Designation &amp; Address of two referees:</b>	
(1)	(2)

**7 DECLARATION**

I affirm that all statements made by me on this form are correct. I understand that any inaccurate or false information (or omission of material information) will render the application invalid and that, if admitted and awarded a place on the basis of such information, my candidature can be terminated and I can also be subject to any penalty dictated by the rules of the University of Moratuwa.

Date: .....	Signature: .....
-------------	------------------

<b>CHECKLIST</b>		
1	Copies of certificates of academic qualifications	<input type="checkbox"/>
2	Copies of certificates of professional qualifications	<input type="checkbox"/>
3	Copies of certificates of work experience	<input type="checkbox"/>
4	Letter of consent from the employer on leave requirement	<input type="checkbox"/>
5	Letter of sponsorship (if applicable)	<input type="checkbox"/>

**Mailing Address:**

PG Course Co-ordinator  
Department of Mechanical Engineering  
University of Moratuwa  
Moratuwa 10400  
Sri Lanka.

**Tel. No:** +94-11-2650621 **Fax No:** +94-11-2650622 **Web:** <http://www.mech.mrt.ac.lk>  
**Email:** [himan@mech.mrt.ac.lk](mailto:himan@mech.mrt.ac.lk)

**LETTER OF CONSENT FROM THE EMPLOYER**

PG Course Coordinator  
Department of Mechanical Engineering  
University of Moratuwa  
Moratuwa

**Reference: Mr/Ms .....**

**Applicant for MSc/PG Diploma Course in Energy Technology**

I understand that Mr / Ms .....who is working at our organization has applied for the MSc/PG Diploma Course in Energy Technology. If he/she is selected:

**(i) Permission for the Enrolment**

I grant / do not grant permission for the applicant to follow

- (a) MSc Course in PART TIME basis during a period of Two Years
- (b) PG Course in PART TIME basis during a period of One Year

**(ii) Official Leave**

I grant / do not grant official leave for the applicant to follow

- (a) MSc course as a PART TIME Student during “Fridays and Saturdays for Energy Technology” in the First Year and 1/2 day per week during the Second Year.
- (b) PG Diploma course as a Part Time Student during “Fridays and Saturdays for Energy Technology” for duration of One Year.

**(iii) Sponsorship**

Our organization will / will not sponsor the applicant’s course fees.

Yours sincerely,

Signature : .....  
Name : .....  
Designation : .....  
Organisation : .....  
Date : .....