

Faculty of Graduate Studies University of Kelaniya Department of Accountancy





Application Form

Fill in Block Capitals	
Personal Information	
Title	Rev. Mr. Ms.
Surname	
Initials	
Full Name	
National ID Card Number/ Pa	ssport Number Date of Birth Date of Birth Date of Birth
Gender	Male Female
Contact Information	
Home Address	
District	City
Office Address	
Telephone	Home Office Mobile
Email	
Address for Correspondence	Home Office
Educational Qualifications (At	tach Copies of Certificates)
Basic Degree	1 st Class
Degree	
University	
Year	Month Duration

Higher Degree	Master	aduate Di	oloma	oma Other					
Degree/Diploma									
University									
Year Month									
Professional Qualifications (Attach Copies of Certificates)									
Qualification									
Awarding Authority									
Year/Month									
Qualification									
Awarding Authority									
Year/Month									
Work Experience (Most reace	ent first)								
Company Designation			esignatio	n From(mm/yy) To (mm/yy)					
English & Internet Proficiency	1								
English Proficiency					Basic Internet Skills				
Reading	Writing			Good Average Week					
Good Average Week	Good Av	erage Wee	<u>k</u>						
Referees	-1	,							
Name, Address & Designation		es whom we n	nay contac	t for obtai	ning inforn	nation on y	our academic		
and professional performanc	es. Acad e	emic			Pro	ofessional			
Name									
Address									
Designation									
Phone									
Email									
I certify that the above inforr									