



RAJARATA UNIVERSITY OF SRI LANKA
FACULTY OF MANAGEMENT STUDIES
MASTER OF BUSINESS ADMINISTRATION (MBA)
INTAKE XVII – 2018

APPLICATION FORM

01. Name In Full :

.....

02. Name with Initial :

.....

03. Address

a) Residence :

.....

b) Office :

.....

c) Address to which the letters be directed : Residence Office

04. Contact Details

a) Telephone(s)

i) Residence :

ii) Mobile :

iii) Office :

b) E-mail Address :

05.

a) National Identity Card No :

b) Date of Birth :

c) Age : Years Months Days

d) Gender : Male Female

06. Qualifications (Please attach copies of certificates)

a) Highest Educational / Professional Qualification(s) obtained:

Qualification	Institute	Duration	Year

b) Highest Qualification obtained in English Language:

Qualification	Institute	Year

07. State the category which you apply for the program according to the admission requirements:

Category i ii iii iv v vi (Please tick appropriate box)

09. Designation / Occupation:

b) Date of assumption of duties as an Executive/ Junior Executive:

c) Experience to date:.....
(Please attach documentary evidence)

d) Name of the Department / Institute:

e) Present Employer:

f) Address:.....

10. a) Province : b) District:.....

11. If selected, center which you wish to follow the Program?

Colombo Mihintale

12. State if you are self financed YES NO *(Please tick appropriate box)*
(If not self-financed, item No. 16 below has to be filled by the supporting agency)

13. Had you applied for this programme before: YES NO

If yes, please indicate the year applied :

14. Briefly describe your reasons for wishing to enroll in the MBA Program;

15. Give names and contact details of referees;

1.	2.
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I certify that the above information is true and correct. I understand that misrepresentation in the application will cause the rejection of application or revoking acceptance for admission at any stage.

.....
Date

.....
Signature of Applicant

16. I do hereby agree to pay the fees stipulated for the MBA Programme on behalf of,

Mr./Ms.

.....
Signature of Employer

Name of the Employer :

Designation :

Date :

Official Rubber Stamp

Mail this application with relevant documents including paying-in-voucher for Rs 500/- under registered cover to;

Assistant Registrar - MBA Program,
Faculty of Management Studies,
Rajarata University of Sri Lanka,
Mihinthale.

Tel. No. +94 252266854, +94 252266627

Please write on the top left corner of the envelope "MBA 2018".

FOR OFFICE USE ONLY

Candidate Accepted/Not Accepted :

Student Registration No :

Qualifications Presented :

Verified By :

Director – MBA Program