${\bf Application\ Form\ for\ Postgraduate\ Diploma/Masters\ Degree\ in} \\ {\bf Applied\ Statistics-2018}$

Faculty of Science, University of Colombo, Colombo 03.

1.	Name of the Master of Science P	rogram:	
2.	Name in Full: (Dr/Mr/Mrs/Miss)		
3.	Postal Address:		
4.	Telephone:		
	Email:		
	Date of Birth & Age:		
	Educational Qualifications:		
, •	Zausanienan Quannounien innin	Subject(s)	University
(a)	Special Degree		
(b)	General Degree		
(c)	Class obtained		
(d)	Other Qualifications		
(e)	Experience		
8.	Present Occupation:		
9.	Previous occupations held with p	eriod:	

10. Names and addresses of two referees to whom reference could be made with regard to the							
	suitability of the candidate.						
1.		2					
11.	Have you been registered for a postgrad	luate degree/diploma or any other examination in					
	the University of Colombo or any other university? If so give details:						
12.	Please attach the bank payment slip for	the application fee* of Rs. 2000/- in the cage given					
	below.						

^{*} Application fee should be credited to "University of Colombo, Account No. 314051800004" at any **People's Bank** branch island wide.

I certify that the above information	given b	y me a	re true	and	accurate to	the best of	my
knowledge and I am prepared to	abide 1	by the	rules	and	regulations	governing	the
registration and awarding of Higher	Degrees	s of the	Unive	rsity	of Colombo	, Sri Lanka	
				• • • • •			
Date					Signature		