

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

Application No:.....
Reg. No: 2019/MBS/.....
Weekday/Weekend

MASTER OF BUSINESS STUDIES (MBS) 2019

PERSONAL DATA

NAME IN FULL :.....
(Underline the Last Name) :.....
:.....

NAME WITH INITIALS :.....
:.....

CONTACT ADDRESS :.....
:.....

HOME ADDRESS :.....
(If home address differs from contact address) :.....

TELEPHONE :HOME :.....OFFICE:.....MOBILE:.....

E-MAIL (in Capital) :.....

DATE OF BIRTH :...../...../19..... NIC NO:.....
DATE / MONTH / YEAR

NATIONALITY :..... CIVIL STATUS:.....

SEX : MALE / FEMALE

EDUCATIONAL QUALIFICATIONS:

University Education (Submit Certified Copies):

University (If applicable)	Degree	Duration of the Degree	Date awarded	Class
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Professional Qualifications with full details: *

Qualifications	University/Institute	Duration of the Course	Date of Award
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*Submit certified copies if the applicant is not a graduate

Any other Qualifications:

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WORK EXPERIENCE

Please list the employment background, beginning with your most recent position.

Duration (From - To)	Name & Address of Employer	Your Position or Title
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A brief description of current responsibilities:

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I certify that the above particulars given by me are true and accurate to the best of my knowledge and I am prepared to abide by the rules and regulations of the University of Colombo, Sri Lanka.

Date:.....

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Signature of Applicant

FOR OFFICE USE ONLY

Academic Qualifications	<input type="text"/>
Professional Qualifications	<input type="text"/>
Other experience	<input type="text"/>
Qualified for the Programme	<input type="text"/>
Recommendation of the selection Committee	<input type="text"/>

