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**WAYAMBA UNIVERSITY OF SRI LANKA**

**APPLICATION FOR ADMISSION**

**Master of Philosophy (M.Phil.) and Doctor of Philosophy (Ph.D.)**

**Degree Program**

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| Degree Sought: M.Phil. Ph.D.  Faculty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **Name in Full : Dr./ Mr./ Mrs./ Miss :**

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1. **Name with initials:**

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1. **Address:**

|  |  |
| --- | --- |
| Residential Address | Official Address |
|  |  |

1. **Contact Number:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Tele (*Res*) |  |  |  |  |  |  |  |  |  |  |
| Mobile |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | | |
| Tele (*Office*) |  |  |  |  |  |  |  |  |  |  |
| Mobile |  |  |  |  |  |  |  |  |  |  |

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1. **National Identity Card No:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Day |  |  | Month |  |  | Year |  |  |  |  |

1. **Date of Birth:**

|  |  |  |  |
| --- | --- | --- | --- |
| Single |  | Married |  |

1. **Material Status:**

|  |
| --- |
|  |

1. **Email Address:**
2. **Academic Qualifications (*Attach photocopies of certificates*):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| University | | Period | Specialization | Degree & Class | Effective Date |
|  |  |  |  |  |  |
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1. **Professional Qualifications/Training (*Attach Photocopies of Certificates*):**

|  |  |  |  |
| --- | --- | --- | --- |
| Institution | | Period | Field of Study / Training |
|  |  |  |  |
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1. **Work Experience (*Most Recent Job First*) :**

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| --- | --- | --- | --- | --- | --- |
| Organization | | Period of Service (DD/MM/YY) | | Nature of Work | Position  Held |
| From | To |
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Briefly describe your current employment and work responsibilities

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1. **English Language Proficiency:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Excellent |  | Good |  | Average |  |

1. **Fees & Mode of Payment:**

|  |  |  |
| --- | --- | --- |
| Item | Amount (Rs.) | Mode of Payment |
| Course Fee |  |  |
| Research Expenses |  |  |

*Please attached a ‘Detailed Budget’ to your Research Proposal*

**14.1: Title of the Proposed Study:**

***(Please Annex 2 Copies of Research Proposal)***

|  |
| --- |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| Full Time |  | Part Time |  |

**14.2: Enrolment Status:**

**14.3: Place/s where research work is to be carried out:**

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**14.4: Proposed Supervisor/s [Attach the Declaration Letter/s from the Supervisor/s and their CV’s) (*Please attached the same information separately for the 3rd Supervisor and more)***

|  |  |  |
| --- | --- | --- |
|  | **1st Supervisor** | **2nd Supervisor** |
| **(Name, Title & Address)** |  |  |
| **Email Address** |  |  |
| **Telephone** |  |  |
|  |  |
| **Official Frank** |  |  |

1. **Declaration by Applicant**

I certify that information provided above are true and correct. I understand that misrepresentation in application will cause rejection of application or revoking of acceptance for admission. I am also aware that incomplete applications will be rejected. In the event of my application being accepted for registration for the postgraduate course of study, I hereby agree to abide by such By-Laws, Regulations and Rules of the University as are applicable to me.

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  | Signature |  |

|  |  |  |
| --- | --- | --- |
| Recommendation of the employer (for employees of government organizations): | | |
| Name: |  | Signature |
| Designation: |  |
| Address: |  | *(Official Stamp)* |

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| ***For FHDC Official Use Only***  *The application Accepted / Rejected by the Faculty Higher Degrees Committee, Faculty of ………………………………………………………….. On ……. /……. /………….*  *Any Comments:*  *Date: ……. /………/………… ……………….……………………*  *Chairman - FHDC* |

**CHECK LIST**

**Before sending this application, please check that you have attached the following documents:**

|  |  |  |
| --- | --- | --- |
|  | Completed **Application** Form with Signature |  |
|  | Complete **Curriculum Vitae (CV)** of the Applicant |  |
|  | Certified Copy of the **Birth Certificate** |  |
|  | Certified Copies of **Educational Certificates** |  |
|  | Certified Copies of Certificates of **Professional Qualifications** |  |
|  | **Academic Transcripts** (Should Directly be Sent to the Registrar, WUSL) |  |
|  | Two (02) Copies of **Research Proposal** Signed by Proposed Supervisors |  |
|  | Declaration by **Proposed Supervisor/s + CVs of Supervisors** |  |
|  | Declaration by the **Employer** (If Applicable) |  |
|  | Two (02) **Referee Reports** |  |
|  | Proposed **Budget** + Proof of Evidence of Funding / Financial Support |  |
|  | Three (03) Copies of **Passport size Color Photographs** |  |
|  | **Receipts** of Relevant Payments, including the Application Lodging Fee |  |

***PAYMENTS:***

* *Please be made either at*

***Shroff Counter of the Wayamba University of Sri Lanka*** *OR*

***Bank of Ceylon (A/C No.0001473508) of at any branch of the Bank***

* *Please refer****Ledger Code: 135069****in all your payments/receipts*
* *The receipt or the bank slip should be attached to the application form.*

***SUBMISSION OF APPLICATION:***

*Please post the* ***completed application along with other documents*** *under* ***registered cover*** *to reach:*

**The Registrar,**

**Wayamba University of Sri Lanka,**

**Kuliyapitiya**