



**DEPARTMENT OF PHYSIOTHERAPY**  
 FACULTY OF ALLIED HEALTH SCIENCES, UNIVERSITY OF PERADENIYA

**Application for Admission to the  
 MSc in Physiotherapy (MSc. PT) Programme**

For Office Use Only .....
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**NAME WITH INITIALS:** .....

**FULL NAME:** (Mr./Miss/Mrs./) .....

*(Please write in capitals)*

**MAILING ADDRESS:** .....

.....

.....

**E-MAIL:** .....

**PHONE NO:** .....

**HOME ADDRESS:** .....

.....

.....

.....

**Phone:** .....

**DATE OF BIRTH:** .....

**CIVIL STATUS:** .....

**GENDER (M/F):** .....

**NATIONALITY:**  
.....

**NATIONAL ID / PASSPORT NO.:**  
.....

**EDUCATIONAL QUALIFICATIONS (including postgraduate qualification):**  
 Please attach photocopies of certificate/s.

University/Institute	Degree/Diploma etc.	Year	Class/grade

**CURRENT EMPLOYMENT (If applicable):**

**DESIGNATION:** .....

**NAME & ADDRESS OF THE EMPLOYER:** .....

**EMPLOYMENT RECORD (If applicable):**

Name and address of the Employer	Designation	Period (From – To)

**RESEARCH PUBLICATIONS (If any):**  
*(If necessary attach a separate sheet)*

**PREFERENCE FOR FIELD OF SPECIALIZATION:**

**NAMES AND ADDRESSES OF TWO REFEREES:**

*Please arrange for the referee reports to be sent before the deadline to: [pgphysio@ahs.pdn.ac.lk](mailto:pgphysio@ahs.pdn.ac.lk). These referee reports should be e-mailed from the official email address of the relevant referee.*

*(Relevant forms can be downloaded from the Faculty of Allied Health Sciences website: <https://ahs.pdn.ac.lk>)*

1.

2.

**I declare that the particulars given above are correct to the best of my knowledge and that I am currently NOT following any other postgraduate programmes in any University in Sri Lanka. In the event of me being selected for a program of study I have applied for, I hereby agree to abide by such Rules and Regulations of the Institute as are applicable to me.**

**Date:** .....

**Signature of Applicant:** .....

**RECOMMENDATION OF THE HEAD OF THE INSTITUTION:**

If Mr./Miss/Mrs. .... is selected for the above programme, he/she would be / not be released on full / part-time basis.

.....  
**Signature of Head of the Institution**

Name: .....

Date: .....

**Official Stamp:**

**DOCUMENTS TO BE INCLUDED WITH THE APPLICATION:**

- a. Two Referee Reports (at least one should be from the applicant's teacher at university)
- b. Degree certificate/s (Photocopy/ copies)\*
- c. Academic Transcript/s (Photocopy/ copies)\*
- d. Birth certificate (Photocopy)\*
- e. NIC (Photocopy )\*
- f. 2 self-addressed envelopes (22cm x 10cm) with Rs.50/= Stamp affixed.
- g. Proof of (Deposit slip) of the payment of application processing fee.

Note: \* Certified copies should be sent. Originals should be produced on request / at the time of interview

\* Academic transcript should be sent through the respective University / Institution before the closing date to Senior Assistant Registrar, Faculty of Allied Health Sciences, University of Peradeniya, Peradeniya

- Completed application along with supporting documents should be sent by Registered Post to Senior Assistant Registrar, Faculty of Allied Health Sciences, University of Peradeniya, along with proof of payment of Rs. 5,000/- to the account details mentioned below. The application processing fee is non-refundable.

**Please indicate "M.Sc. in Physiotherapy" on the top left hand corner of the envelope.**

- The softcopies of the completed application along with the scanned copy of the payment slip and all the other documents should be sent to the following email address : **pgphysio@ahs.pdn.ac.lk**

***Bank Details***

Bank : People's Bank

Branch : Peradeniya

Name of Account : Fund Account, Faculty of Allied Health Sciences

Account Number : 057-1-001-16994228

**Closing date for application : 15<sup>th</sup> October 2024**