



**FACULTY OF ALLIED HEALTH SCIENCES
UNIVERSITY OF PERADENIYA
SRI LANKA**

APPLICATION NUMBER
(For official use only)

REGISTRATION NUMBER
(For official use only)

APPLICATION FOR ADMISSION TO POSTGRADUATE DEGREES PROGRAMMES

PROGRAMME DATA

Degree Applied for	Subject Area	Medium

PERSONAL DATA

01. NAME

(Please use capital letters in completing sections 1. a and 1. b)

(a) FULL NAME (Rev./Mr./Mrs./Ms.)

(please leave one space after each name)

(b) NAME WITH INITIALS

02. GENDER

Male	
Female	

03. NATIONALITY

Sri Lankan	
Foreign National	
Specify Country	

04. (a.) NATIONAL ID NO

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(b) PASSPORT NO (foreign nationals only)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

05. DATE OF BIRTH

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

06. CONTACT DETAILS

(a)PERMANENT ADDRESS																									

(b)POSTEL ADDRESS																									

(c)TELEPONE NUMBERS									

(d)E – MAIL (if any)																									

07. PRESENT EMPLOYMENT DETAILS

Are you currently employed? YES NO

Specify the job and employer, if yes:

.....

.....

.....

(Those who expect to obtain institutional financial support /leave/release form service to follow the programme and wish to submit work experience as an eligibility criteria for the admission to a degree programme should submit a service letter using the prescribed form 001)

08. ACADEMIC DATA

Have you previously attended the University of Peradeniya ? If so give the registration Number and the Name / s of the programme /s of study etc.

.....

.....

09. ACADEMIC QUALIFICATIONS OBTAINED

Name of University/Institute	Name of the Degree/Diploma with Subjects	Year	Grade/GPA /Class

10. RESEARCH PUBLICATION /EXPERIENCES

(Use additional Sheets if necessary)

.....
.....
.....
.....
.....
.....

FOR MPHIL/ PHD PROGRAMME APPLICANTS ONLY

Whether research to be carried out on full time or part time basis

Full Time

Part Time

(a) RESEARCH AREA

(Submit a synopsis of research project, together with the application)

Proposed field of Research	
Tentative title of the thesis	
Source of funding	

(b) NAMES OF REFEREES

(Submit two referee reports using the prescribed form 002)

Name of Referee	Post and Affiliation

(C) NAMES OF TENTATIVE SUPERVISORS (Optional)

(Submit names and contact details of two persons to consider appointing as Supervisor/s using the prescribed form 003).

Name of proposed Supervisor	Post and Affiliation

11. HAVE YOU PREVIOUSLY APPLIED FOR ADMISSION TO THIS PROGRAMME?
YES NO

If yes, give details:

12. ARE YOU A REGISTERED STUDENT FOR ANOTHER DEGREE / DIPLOMA AT THIS OR ANY OTHER UNIVERSITY?

YES NO

If yes, give details :

13. ANY OTHER RELEVANT INFORMATION THAT YOU WISH TO INFORM
(Use additional sheets if necessary)

.....

14. DOCUMENTS SUBMITTED WITH THIS APPLICATION

- (a). Certified Copies of the Degree/Diploma Certificate/s
- (b). Academic Transcript of the Degree
- (c). Certified Copies of the detail Diploma Certificate/s
- (d). Certified Copy of the Birth Certificate (English Translation)
- (e). Service Letter
- (f). 3 copies of Synopsis of Research Proposal
- (g). Soft Copy of Synopsis of Research Proposal
- (h). Two Referee Reports
- (i). Other Relevant Documents
- (j). 4 self – addressed stamped envelopes (22 x10cm) (Local applications only)
- (k). Payment Receipt

15. DECLARATION BY THE APPLICANT

I have requested the Registrar

.....

(Name of University/ Institute you obtained Bachelor’s degree or other qualifications) to send my academic transcripts directly to the Assistant Registrar, Faculty of Allied Health Sciences, University of Peradeniya, Peradeniya, Sri Lanka. I certify that the information provided above is correct and I agree to abide by and be subject to the regulations of the Higher Degrees Committee, Faculty of Allied Health Sciences, University of Peradeniya if this application is accepted.

Date.....

.....
Signature of Applicant

16. **FOR OFFICE USE ONLY**

(a). Programme Applied for

MSc		MPhil		PhD	
-----	--	-------	--	-----	--

(b). Documents Submitted:

1	Certified Copy of Birth Certificate		6	Service Letter	
2	Certified Copy of Bachelor's Degree		7	Synopsis of Research Proposal (3 Hard Copies & Soft Copy)	
3	Academic Transcript/s		8	Two Referee Reports	
4	Certified Copy of Postgraduate Degree /Diploma Certificate /s		9	Payment Receipt	
5	Certified Copy of Postgraduate Degree /Diploma detail Certificate /s		10	Other Documents	

Remarks, if any.....

Date

.....
Signature of Subject Clerk

The application is complete and submitted to Secretary of the Higher Degrees Committee for selection.

Remarks, if any:.....

Date

.....
Signature of Assistant Registrar, FAHS

I. RECOMMENDATION OF POSTGRADUATE PROGRAMME SECRETARY

The Application is Recommended Not Recommended

For admission to the programme applied under section of admission criteria.

If not recommended indicate reasons :.....

.....

.....
Date

.....
Signature of Secretary, HDC

II. APPROVAL OF THE HIGHER DEGREE COMMITTEE

The application of is approved

..... Higher Degrees Committee Meeting held on

For admission to the programme applied if not approved, indicate reasons:

.....

.....
Date

.....
Signature of Chairperson /HDC

III APPROVAL OF DEAN /FAHS

The Application is approved / not approved for registration Meeting of the Faculty Board, FAHS.

If not approved, indicate reasons.....

Date.....

.....
Signature of Dean / FAHS