

EASTERN UNIVERSITY, SRI LANKA FACULTY OF GRADUATE STUDIES

For office use only
Application No:
Date:

MASTER OF ARTS (MA) PROGRAMME APPLICATION FORM FOR ACADEMI YEAR - 2024/25

Pers	onal Information																				
1.1.	Name in Full :																				
	(Rev./Dr./Mr./Mrs./Miss.)																				
	(Use block letter)																				
1.2.	Name with initial/s :																				
1.3.	Date of Birth :								1	.4 A	ge :										
1.5.	Gender	: 1	/lale		Fem	ale			:	1.6 (Civil	Stat	us: S	Singl	e [Ma	rrie	d [
1.7.	Nationality :																				
1.8.	N.I.C/Passport No. :																				
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1.9.	a. Residential Address:		\perp	\bot																	
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	b. Office Address :																				
	b. Office Address .																				
	c. Postal Address :																				
1.10	.a. Residential Phone No.	:																			
	b. Mobile Phone No.			1																	
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	c. Office Phone No.	: 🔲																			
	d. Fax No. :																				
							1	1	1	1											
	e. Email Address	:																			

2.	Academic Q	ualifications	(Attach	photoco	pies o	f the	relevant	certificates)
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University/ Institute	Period	Main Subjects/ Specialization	Degree & Class	Month & Year

3. Professional Qualifications (Attach photocopies of the relevant certificates)

Institute	Period	Field of Study / Training	Qualification	Month & Year

4. Work Experience

Organization		Period of Service	Position Held	
	From	То	No. of Years	Position Heid

^{*}Start with your present employment

5.	Research Details : (if any)
	Whether involved in any Research work? Yes No
	If yes, Institution:
	Project Name/ Title :
	Duration:
	(if you have involved in more than on research work, please give the details in a separate sheet)
6.	Publication/s: (list out your publications with title, name of the journal, year of publications etc.)
	(Please annex separate sheet if this space is insufficient)
7.	Funding (Mode of Financing for the MA Programme):
	Self Financing Sponsored Undecided
	If sponsored, by whom?
8.	Reasons for pursuing the MA Programme :
	(Briefly describe why you wish to enroll in the MA Programme at the Faculty of Graduate Studies,
	Eastern University, Sri Lanka)
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9.	List other information including your personal/career interests, which you may feel useful to the Admission Committee in the evaluation of your application:
	Committee in the evaluation of your application.
	I certify that the above particulars given by me are true and accurate to the best of my knowledge and aware that
	misrepresentation in the application will cause rejection of the application or revoking of acceptance for admission and
	that an incomplete application will be rejected.
	Date: Signature of the Applicant:

I hereby certify that Rev./Dr./Mr./Ms	is employed as
	with effect from
Recommended and forwarded	
Name:	Designation:
Date:	Signature of Employer:
	(Official Rubber Stamp)

Note:

Duly completed application form along with relevant documents and two self-addressed envelopes are to be sent by registered post to the following address:

The Senior Assistant Registrar, Faculty of Graduate Studies, Eastern University, Sri Lanka, Vantharumoolai, Chenkalady,

For Contacts: Dean, FGS: 0652240972

SAR, FGS 0652240584 sar_fgs@esn.ac.lk