

**EASTERN UNIVERSITY, SRI LANKA FACULTY OF ARTS & CULTURE**

 **APPLICATION FORM FOR MASTER OF ARTS 2018 /2019 (GEOGRAPHY/TAMIL/FINE ARTS/ DRAMA & THEATRE)**

***Course of study applied:***

**1. Personal information:**

1. Full Name:
2. Name with initial/s
3. Date of Birth: 4. Age:
4. Civil Status: 6. Sex:
5. a) Permanent Address

Office:

Mobile:

 b) Telephone number

Residence

c) Fax Number

1. E – mail address
2. Whether Citizen of Sri Lanka
3. N.I.C. Number

**2. Educational Record:**

1. Senior Secondary:

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| --- | --- | --- |
| Name of School | From | To |
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1. University/ Post Graduate Education (Degree, Diplomas, Etc)

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| --- | --- | --- | --- | --- | --- |
| University | From | To | Subject/ Field of study | Degree/Diploma | Grades |
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1. Professional Qualifications:

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**3.Academic Distinctions:**

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| --- | --- | --- |
| Institution | Year  | Award |
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1. **Research, Publications, Communications Etc.:**

List under:

1. Publication in research Journals
2. Communication to Learned Societies
3. Others
4. Current Research Activities

(Please Annex separate sheets)

1. **Language Proficiency:**

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| --- | --- | --- |
| Language | Highest Examination Passed | Other Qualifications |
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1. **Employment Record:**
2. Present Employment:

|  |  |  |  |
| --- | --- | --- | --- |
| Institution  | Post  | Salary per Month | With effect from |
|  |  |  |  |

1. Previous Employment:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Institution/Department | Post | From | to | Salary per month |
|  |  |  |  |  |
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1. **Declaration by the Applicant:**
2. I certify that the above information furnished are true and accurate.
3. I am aware that in the event of any information being found to be false, my registration

 may be cancelled.

I hereby agree to abide by all rules and regulations applicable to external student of the University. I also agree that in the event of violation of any regulation on my part, the University may if necessary cancel my registration.

Date:………………… …………………………

 Signature of Applicant

1. **To be completed by present Employer (if any):**

This is to certify that Mr./Mrs./Miss………………………………………… is employed as …………………… With effect from ………………………… and he/she could/ could not be released if he/she is selected.

Recommended and forwarded.

Name:

Designation:

Date: …………………..

Signature of Employer