



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

**APPLICATION FORM FOR MASTER OF ARTS 2019/2020
(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:

5. Civil Status:

6. Sex:

7. a) Permanent Address

b) Telephone number

Mobile:

Office:

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Residence :

c) Fax Number

a) E – mail address

8. Whether Citizen of Sri Lanka

9. N.I.C. Number

2. Educational Record:

01. Senior Secondary:

Name of School	From	To

02. University/ Post Graduate Education (Degree, Diplomas, Etc)

University	From	To	Subject/ Field of study	Degree/Diploma	Grades

03. Professional Qualifications:

3. Academic Distinctions:

Institution	Year	Award

4. Research, Publications, Communications Etc.:

List under:

- a) Publication in research Journals
- b) Communication to Learned Societies
- c) Others
- d) Current Research Activities

(Please Annex separate sheets)

5. Language Proficiency:

Language	Highest Examination Passed	Other Qualifications

6. Employment Record:

01. Present Employment:

Institution	Post	Salary per Month	With effect from

02. Previous Employment:

Institution/Department	Post	From	to	Salary per month

7. Declaration by the Applicant:

1. I certify that the above information furnished are true and accurate.
2. 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

8. 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