

# POSTGRADUATE INSTITUTE OF HUMANITIES AND SOCIAL SCIENCES (PGIHS) UNIVERSITY OF PERADENIYA SRI LANKA

# CLOSING DATE OF APPLICATIONS

**APPLICATION NUMBER:** (for official use only)

**REGISTRATION NUMBER:** (for official use only)

# APPLICATION FOR ADMISSION TO MASTER OF PHILOSOPHY/ **DOCTOR OF PHILOSOPHY DEGREE PROGRAMMES**

# **01. PROGRAMME APPLIED:**

Name of the degree with the Subjects	Medium

Example: PhD in Political Science, PhD in Environmental Management

#### **02. PERSONAL DATA**

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

## 2.1 NAME OF THE CANDIDATE

(a)	FU	JLL	NAI	ME	(Re	v. /	Mr	. / 1	Mrs	<b>/M</b>	s.)	(Plea	ase	leav	e or	ne s	pace	e af	ter e	each	na	me)			

(b	) N/	AME	TH	INI	TIA	LS										

2.2 SEX	2.2	SEX
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**2.3 NATIONALITY** 

Male	
Female	

Sri Lankan **Foreign National** 

If foreign, specify the Country of Residence

	. PC	)ST/	AL A	DD	RE	SS																	-
<u>2.5</u>	NA'	TIO	NAL	, ID	NO				_	<u>2.6</u>	PAS	SSP	OR'	r no	0. (.	For	eign	ı Na	i <b>tio</b>	nals	s on	ly)	
2.5	NA'	TIO	NAL	, ID	NO				]	2.6	PAS	SSP	OR'	r no	0. ( <i>.</i>	For	eign	ı Na	i <b>tio</b> i	nals	s on	.ly)	

# 2.8. EMPLOYMENT DETAILS

(a) Currently,

Employed	
Unemployed	

(b) If employed.

(-) - F - J )	
Place of Work	
Position (Optional)	

**03. CONTACT DETAILS** 

3.1	TE	LEP	но	NE 1	NUN	IBE	RS		_										
									WI	hat	sAŗ	pp							
3.2	E -	MA	IL						-										

## **3.3 CONTACT PERSON FOR EMERGENCIES**

(a) Name	
(b) Relationship	Father/ Mother/ Spouse/ Children/
(c) Contact Numbers	

# 04. HIGHER EDUCATIONAL AND RESEARCH QUALIFICATIONS

## **4.1 EDUCATIONAL QUALIFICATIONS**

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

# 4.2 IF YOU HAVE COMPLETED A THESIS AT MASTERS' LEVEL, INDICATE THE FOLLOWINGS

(a) Title of Thesis	
(b) Date of Completion	
(c) University/ Institute	

# 05. RESEARCH PUBLICATION (If any) (Please indicate top 5 publications)

(Use additional sheets if necessary)

# 06. FOR MPhil/ PhD PROGRAMME APPLICANTS ONLY

#### 6.1 RESEARCH AREA

(Submit a synopsis of research project, about 300 words, together with the application)

Proposed field of research:	
Tentative title of the thesis:	
Source of Funding:	
Source of Funding:	

#### **6.2 NAMES OF REFEREES**

(Submit two referee reports using the prescribed form PGIHS/APP/FORM 003).

Name of Referee	Post and Affiliation
1.	
2.	

## **6.3 NAMES OF TENTATIVE SUPERVISORS (Optional)**

(Submit names and contact details of two persons to be considered to appoint as supervisor/s).

Name of Proposed Supervisor	Post and Affiliation			
1.				
2.				

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

Yes		No	If Yes	, Give details:	
	<b>OTHER RELE</b> e additional shee			YOU WISH TO	INFORM

# 09. DOCUMENTS SUBMITTED WITH THIS APPLICATION

Certified Copies of the Degree/Diploma Certificate/s	
Certified Copies of the Detailed Degree/Diploma Certificate/s	
Certified Copies of the Birth Certificate	
Service Letter (If required)	
Synopsis of Research Project	
Two Referee Reports	
4 self-addressed stamped envelopes (Rs.80.00) (Size – 22cm x 10cm) (Local applications only)	

# **10. DECLARATION BY THE APPLICANT**

I certify that the information provided above is correct and I agree to abide by and be subject to the regulations of the PGIHS and the University of Peradeniya if this application is accepted for consideration to the admission to the diploma/degree programme applied.

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## **11. FOR OFFICE USE ONLY**

#### **11.1 Programme Applied for**

MPhil	
PhD	
Other	

#### **11.2 Documents Submitted:**

1	Certified Copy of Birth Certificate		6	Service Letter	
2	Certified Copy of Bachelors' Degree		7	Synopsis of Research Project	
3	Certified Copy of Bachelors' Degree Detailed Certificate		8	Two Referee Reports	
4	Certified Copy of Postgraduate Diploma		9	Transcript/s	
5	Certified Copy of Masters' Degree Certificate/s		10	Other Documents	
Rem	arks, if any	 			

..... Signature of Subject Clerk Date

#### **11.3 RECOMMENDATION OF ASSISTANT REGISTRAR**

The application is complete and submitted to Programme Coordinator and Board of Study for selection. Remarks, if any ..... ..... ..... Date Signature of Assistant Registrar

#### **11.4 RECOMMENDATION OF POSTGRADUATE PROGRAMME COORDINATOR**

RECOMMENDED	NOT RECOMMENDED
for admission to the programme applied under Section	n of admission criteria.
If not Recommended, indicate reasons:	
Date	Signature of Programme Coordinator

#### **11.5 APPROVAL OF THE BOARD OF STUDY**

APPROVED

for admission to the programme applied.

If not approved, indicate reasons: .....

.....

Date

Signature of Chairperson/ BoS

**NOT APPROVED** 

#### **11.6 APPROVAL OF DIRECTOR/ PGIHS**

The Application is approved / Not approved for registration.

If not approved, indicate reasons: .....

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..... Signature of Director/ PGIHS

Date