

## 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.	01. PROGRAMME APPLIED:																										
Na	Name of the degree with the Subjects								S											Medium							
Exa	ampl	e: Ph	D in	Polit	ical	Scier	ice, l	PhD	in Eı	nviro	nme	ntal :	Man	agem	ent												
02. PERSONAL DATA (Please use capital letters in completing sections 1.a and 1.b) 2.1 NAME OF THE CANDIDATE																											
(a)	(a) FULL NAME (Rev. / Mr. / Mrs./Ms.) (Please leave one space after each name)																										
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2.7	2.7 DATE OF BIRTH																										

2.8. EMPLOYMENT DE	TAIL	s																
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Employed				Pla	Place of Work													
Unemployed		Position (Optional)																
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03. CONTACT DETAIL	s																	
3.1 TELEPHONE NUM	BERS																	
3.2 E - MAIL																		
3.3 CONTACT PERSON	FOR	EME	RGE	NCI	ES													
(a) Name																		
(b) Relationship		Fathe	r/ Mo	ther/	' Spo	ouse,	/ Child	lren/										
(c) Contact Numbers																		
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	04. HIGHER EDUCATIONAL AND RESEARCH QUALIFICATIONS																	
4.1 EDUCATIONAL QUALIFICATIONS  Name of University/ Name of the Degree/ Diploma with Grade/ GPA/																		
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## 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: 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: ..... 08. ANY OTHER RELEVANT INFORMATION THAT YOU WISH TO INFORM (*Use additional sheets if necessary*) 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 П Service Letter (If required) Synopsis of Research Project **Two Referee Reports** 4 self-addressed stamped envelopes (Rs.45/-) (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. ..... Signature of Applicant Date

11. FOR OFFICE USE ONLY								
11.1 Programme Applied for	MPhil							
	PhD							
	Other							
11.2 Documents Submitted:								
1 Certified Copy of Birth Ce	rtificate	6		Service Letter				
2 Certified Copy of Bachelon	rs' Degree	7	,	Synopsis of Research Project				
3 Certified Copy of Bachelon Detailed Certificate	rs' Degree	8	;	Two Referee Reports	1			
Certified Copy of Postgrad	luate	9	,	Transcript/s	1			
Diploma  Certified Copy of Masters	'Degree	10	0	+				
Certificate/s								
Remarks, if any			• • • •		••••			
 Date				Signature of Subject Clerk				
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Remarks, if any  Date				Signature of Assistant Registrar				
11.4 RECOMMENDATION OF I	POSTGRADUA	ATE PROGRA	M	ME COORDINATOR				
RECOMMENDED				NOT RECOMMENDED				
for admission to the programm	e applied und	ler Section		of admission criteri	a.			
If not Recommended, indicate i	reasons:							
 Date				Signature of Programme Coordinator				
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11.5 APPROVAL OF THE BOAI	RD OF STUDY	Y						
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for admission to the programm								
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Date				Signature of Chairperson/ BoS				
11.6 APPROVAL OF DIRECTO	R/ PGIHS							
The Application is approved/ N	= =	_						
If not approved, indicate reason	ns:		• • • •		••••			
Date				Signature of Director/ PGIHS				