

## EASTERN UNIVERSITY, SRI LANKA POSTGRADUATE STUDIES UNIT

For office use only
Application No:
Date:

## FACULTY OF COMMERCE AND MANAGEMENT MASTER OF DEVELOPMENT ECONOMICS (MDE) PROGRAMME APPLICATION FORM 2018/2019

Personal Information																					
1.1.	Name in Full	:																			
	(Rev./Dr./Mr./Mrs./Miss	s.)																			
	(Use block letter)																				
1.2.	Name with initial/s	:																			
1.3.	Date of Birth	:								4	Age	: :									
1.5.	Sex :		Ma	le_	F	ema	ale	]	1	.6 C	ivil S	itatu	ıs: Si	ngle	<u> </u>		Maı	rried			
1.7.	Nationality	:																	П		
1.8.	N.I.C/Passport No.	:																			
					-															-	
1.9.	a. Residential Address	S:																			
	b. Office Address																		$\blacksquare$		
	b. Office Address	•																	$\dashv$	$\dashv$	
																			<u></u>		
	c. Postal Address :	:																			
1.10	.a. Residential Phone N	No. :																			
					_			- 1				_									
	b. Mobile Phone No.	:																			
	c. Office Phone No.	:																			
	d. Fax No.	:																			
	e. Email Address	:																			

## **2. Academic Qualifications** (Attach photocopies of the relevant certificates)

University	Period	Main Subjects/ Specialization	Degree & Class	Month & Year

	Institute	Period	Field of Study /	Training	Qua	lification	Month & Year
4	. Work Experience * (Managerial, E	Entrepreneurial, Co	ensultancy, etc)				
	Organization	F	Period of Service				
		From	То	No. of Y	ears	Position	ı Held
	*Start with your present employment						
5.	Research :						
	Whether involved in any Research W	ork? Ye	es 🗌				
	If yes, Institution :						
	Project Name/ Title :						
	Date of Completion:						
	(If you have involved in more than on	e research work, p	lease give the de	etails in a s	separate sh	neet)	
6.	Publication/s: (list out your publicati	ons with title, <b>nam</b>	ne of the journal,	<b>year</b> of pu	ublications	etc.)	
		(Please annex sepa	rate sheet if this spac	e is not suffi	cient)		
7.	Funding (Mode of Financing for the M	ADE Programme):					
	Private Spon	sored	Undecid	ded			
	If spansared by whom?						

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

8.	Reasons for pursu	Reasons for pursuing the MDE Programme :												
	(Briefly describe why you wish to enroll in the MDE Programme at the Faculty of Commerce and													
	Management, Eastern University, Sri Lanka)													
9.	List other informa	ation including y	our personal/career interests, which you may feel useful to the Admission											
		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	misrepresentation in the application will cause rejection of application or revoking of acceptance for admission and that												
	an incomplete app	lication will be rej	ected.											
	Date:		Signature of the Applicant:											
10.	. To be completed b	y Present Employ	er (if any):											
	I hereby cei	rtify that Re	ev./Dr./Mr./Ms is employed as											
			with effect from											
	Recommended and	d forwarded												
	Name:		Designation:											
	Date:		Signature of Employer:											
			(Official Rubber Stamp)											
	Note:													
	Duly completed a	pplication form a	along with relevant documents and two self-addressed envelopes are to be sent b											
	registered post to	the following add	dress:											
	The Coordinator, Master of Develop Postgraduate Stud	pment Economics	<b>5</b> ,											
	Faculty of Comme Eastern Universit Vantharumoolai,	erce and Manage y, Sri Lanka,	ement,											
		-												
	For Contacts:	Director:	0653641990											
		Coordinator:	0774371659											

Head:

SAR/Exam

0652240735

0652240584