

EASTERN UNIVERSITY, SRI LANKA POSTGRADUATE STUDIES UNIT

FACULTY	OF COMMERCE	E AND MAN	AGEMENT

For office use only
Application No:
Date:

MASTER OF BUSINESS ADMINISTRATION (MBA) PROGRAMME

1. Personal Information 1.1. Name in Full (Rev./Dr./Mr./Mrs./Miss.) (Use block letter) 1.2. Name with initial/s 1.4 Age : [1.3. Date of Birth 1.5. Gender Female 1.6 Civil Status: Single [: Male Married 1.7. Nationality 1.8. N.I.C/Passport No. 1.9. a. Residential Address: b. Office Address c. Postal Address 1.10. a. Residential Phone No.: b. Mobile Phone No. c. Office Phone No. d. Fax No.

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

e. Email Address

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

	Institute	Period	Field of S Trainii	-	Qu	alification	Month & Year
4	. Work Experience * (Manageri	ial, Entrepreneuria	al, Consultancy	v, etc)			
	Organization	Pe	eriod of Service	се		Positio	n Held
		From	То	No. of `	Years	1 031110	Triciu
	*Start with your present employn	nent					
5.	Research :						
	Whether involved in any Research	h Work?	Yes	No 🗆			
	•						
	Project Name/ Title :						
	Date of Completion:						
	(If you have involved in more that	n one research wo	ork, please giv	e the deta	iils in a s	eparate sheet)	
6.	Publication/s: (list out your publications with title, name of the journal, year of publications etc.)						
		(Please annex separ	ate sheet if this sp	ace is not s	ufficient)		
7.	Funding (Mode of Financing for	nding (Mode of Financing for the MBA Programme):					
	Personal Sponsored	Undec	ided				
	If sponsored, by whom?						

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

8.	Reasons for pursuing the MBA Programme :					
	(Briefly describe why you wish to enroll in t	the MBA Programme at the Faculty of Commerce and				
	Management, Eastern University, Sri Lanka)					
9.	List other information including your person	al/career interests, which you may feel useful to				
	the Admission Committee in the evaluation of y	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 in the application will cause rej	jection of application or revoking of acceptance for admission				
	and that an incomplete application will be rejected.					
	Date: Sign	nature of the Applicant:				
10	. To be completed by Present Employer (if any):					
10	. To be completed by I resent Employer (if ally).					
	I hereby certify that Rev./Dr./Mr./Ms	is employed				
	as	with effect from				
	Recommended and forwarded					
	Name:	Designation:				
	Date:	Signature of Employer:				
		(Official Rubber Stamp)				
	Note:					

Duly completed application form along with relevant documents are to be sent on or before 15th of May 2022.