# APPLICATION FORM

1. Name In Full :

1. Name with Initial :

1. Address
2. Residence :

 :

1. Office :

 :

1. Address to which the letters be directed : Residence Office
2. Contact Details
3. Telephone(s)
	1. Residence :
	2. Mobile :
	3. Office :
4. E-mail Address :
5. National Identity Card No :
6. Date of Birth :
7. Age : Years Months Days
8. Gender : Male Female
9. Qualifications (Please attach copies of certificates)
10. Highest Educational / Professional Qualification(s) obtained:

|  |  |  |  |
| --- | --- | --- | --- |
| Qualification | Institute | Duration | Year |
|  |  |  |  |

1. Highest Qualification obtained in English Language:

|  |  |  |
| --- | --- | --- |
| Qualification | Institute | Year |
|  |  |  |

1. State the category which you apply for the program according to the admission requirements:

 Category *(Please tick appropriate box)*

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 08. Designation / Occupation:

b) Date of assumption of duties as an Executive/ Junior Executive:

c) Experience to date:

 *(Please attach documentary evidence)*

d) Name of the Department / Institute:

 e) Present Employer:

 f) Address:

09.

1. Province :
2. District:

10. If selected, center which you wish to follow the Program?

 Colombo Mihintale

11. State if you are self financed YES NO *(Please tick appropriate box)*

 *(If not self-financed, item No. 15 below has to be filled by the supporting agency)*

12. Had you applied for this programme before: YES NO

 If yes, please indicate the year applied : ……………………

13. Briefly describe your reasons for wishing to enroll in the MBA Program;

14. Give names and contact details of referees;

2.

1.

I certify that the above information is true and correct. I understand that misrepresentation in the application will cause the rejection of application or revoking acceptation for admission at any stage.

 .................................. .................................................

 Date Signature of Applicant

15. I do hereby agree to pay the fees stipulated for the MBA Programme on behalf of,

 Mr./Ms. .

 .................................................

 Signature of Employer

Name of the Employer :

Official Rubber Stamp

Designation :

Date :

Mail this application with relevant documents including paying-in-voucher for Rs 500/- under registered cover to;

Assistant Registrar - MBA Program,

Faculty of Management Studies,

Rajarata University of Sri Lanka,

Mihinthale.

Tel. No. +94 252266854, +94 252266627

Please write on the top left corner of the envelope “MBA 2021”.

**FOR OFFICE USE ONLY**

Candidate Accepted/Not Accepted :

Student Registration No :

Qualifications Presented :

Verified By :

 Director –MBA Program