



**POSTGRADUATE INSTITUTE OF MEDICAL SCIENCES
(PGIMS)**

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 DEGREE PROGRAMMES

01. PROGRAMME APPLIED:

Name of the degree	
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Example: MSc in Exercise and Sports Sciences/Master of Public Health

02. PERSONAL DATA

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

2.1 NAME OF THE APPLICANT *(Your name should be tallied with the name appearing in the bachelor degree certificate and the birth certificate. Kindly note that the name given here will appear in your postgraduate degree certificate)*

(a) FULL NAME (Rev. / Mr. / Mrs. / Ms.) (Please leave one space after each name)																			

(b) NAME WITH INITIALS																			

2.2 SEX

Male	
Female	

2.3 NATIONALITY

Sri Lankan	
Foreign National	
If foreign, specify the Country of Residence	

2.4 POSTAL ADDRESS

2.5 NATIONAL ID NO

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2.6 PASSPORT NO. (Foreign Nationals only)

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2.7 DATE OF BIRTH

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2.8 EMPLOYMENT DETAILS

(a) Currently

Employed	
Unemployed	

(b) If employed,

Place of Work	
Designation	

03. CONTACT DETAILS

3.1 TELEPHONE NUMBERS

3.2 E – MAIL

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3.3 CONTACT PERSON FOR EMERGENCIES

(a) Name	
(b) Relationship	<i>Father/ Mother/ Spouse/ Children/.....</i>
(c) Contact Numbers	

04. HIGHER EDUCATIONAL AND RESEARCH QUALIFICATIONS

4.1 EDUCATIONAL/ PROFESSIONAL QUALIFICATIONS (*Copies of certificate/s should be attached*)

Name of University/ Institute	Name of the Degree	Year	Grade/ GPA/ Class

4.2 IF YOU HAVE COMPLETED A THESIS AT MASTERS’ LEVEL, INDICATE THE FOLLOWING

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

05. RESEARCH PUBLICATIONS (If any please indicate top 5 publications)

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.....

06. ARE YOU A REGISTERED STUDENT FOR ANOTHER DEGREE AT THIS OR ANY OTHER UNIVERSITY/ INSTITUTE?

Yes

No

If yes, details

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

07. REFERENCES (*Give names and addresses of two referees*)

Name

Name

Address

Address

E-mail

E-mail

Contact No

Contact No

Note: Forms for referee reports annexed here to should be handed over to the referees indicated above. They should be requested to send their reports duly perfected, directly to the Director, Postgraduate Institute of Medical Sciences under confidential cover. However, if the sealed envelopes are given confidential cover. However, if the sealed envelopes are given to you personally, such reports should be hand delivered or posted to the PGIMS.

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**
- Bank slip of payment** (Mention your NIC number on the slip)
- Certified Copy of the Birth Certificate**
- Service Letter** (*If applicable*)
- Two Referee Reports**
- 2 self-addressed stamped envelopes** (Size – 22 cm × 10 cm) (Local applications only)

10. PAYMENT DETAILS

Payment method	Evidence attached
Deposit to the PGIMS A/C No. 057100100046314 at People’s Bank, Peradeniya	

11. 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 PGIMS and the University of Peradeniya if this application is accepted for consideration to the admission to the diploma/degree programme applied.

.....
Date

.....
Signature of Applicant

Application Procedure

- Duly filled applications along with certified photocopies of certificates in support of age (Birth Certificate) and educational/ professional qualifications (Degree Certificate) together with the payment receipt of the application processing fee should be sent to reach the following address, by registered post, on or before the closing date.

Assistant Registrar

Postgraduate Institute of Medical Sciences (PGIMS)

University of Peradeniya

Peradeniya

- Or the relevant documents should be submitted via e-mail through pgimsoffice@pgims.pdn.ac.lk and the same should be sent by registered post to reach the above address.

Name of the degree programme should be indicated in the top lefthand corner of the envelope/subject of the e-mail.

While submitting self-addressed stamped envelopes of size 22 cm x 10 cm, your address should be written on right side along with stamp worth of Rs. 110/-.

12. FOR OFFICE USE ONLY

12.1 Programme Applied for

MPH	
MSc. ESS	

.....

12.2 Documents Submitted:

1	Certified Copy of Birth Certificate	
2	Certified Copy of Bachelors' Degree	
3	Payment Voucher	
4	Certified Copy of Postgraduate Diploma	
5	Certified Copy of Masters' Degree Certificate/s	

6	Service letter	
7	Synopsis of Research Project	
8	Two Referee Reports	
9	Transcript/s	
10	Other Documents	

Remarks, if any.....

Date

Signature of Subject Clerk

12.3 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

12.4 RECOMMENDATION OF POSTGRADUATE PROGRAMME COORDINATOR

RECOMMENDED

NOT RECOMMENDED

for admission to the program applied under Section.....of admission criteria.

If not Recommended, indicate reasons:

.....

.....

Date

Signature of Programme Coordinator

12.5 APPROVAL OF THE BOARD OF STUDY

APPROVED

NOT APPROVED

for admission to the programme applied,

If not approved, indicate reasons:

.....

.....

Date

Signature of Chairperson/BoS

12.6 APPROVAL OF DIRECTOR/ PGIMS

The application is approved/ Not approved for registration.

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Date

Signature of Director/ PGIMS