

POSTGRADUATE INSTITUTE OF MEDICAL SCIENCES (PGIMS)

UNIVERSITY OF PERADENIYA SRI LANKA

CLOSING DATE OF APP	PLICATIONS							
APPLICATION NUMBER	R:							
(For official use only)								
REGISTRATION NUMBE	ER:							
(For official use only)								
APPLICATION FOR ADMISSION TO MASTER DEGREE PROGRAMMES								
01. PROGRAMME APPLIED:								
VI. I KOOKAWIME AI I EI	illib.							
Name of the degree								
Name of the degree	Sports Sciences/Master of Public Health							
Name of the degree Example: MSc in Exercise and 02. PERSONAL DATA								
Name of the degree Example: MSc in Exercise and 02. PERSONAL DATA	Sports Sciences/Master of Public Health completing sections 1.a and 1.b)							
Name of the degree Example: MSc in Exercise and 02. PERSONAL DATA (Please use capital letters in	Sports Sciences/Master of Public Health completing sections 1.a and 1.b) ICANT							
Name of the degree Example: MSc in Exercise and 02. PERSONAL DATA (Please use capital letters in 2.1 NAME OF THE APPLI	Sports Sciences/Master of Public Health completing sections 1.a and 1.b) ICANT							
Name of the degree Example: MSc in Exercise and 02. PERSONAL DATA (Please use capital letters in 2.1 NAME OF THE APPLI	Sports Sciences/Master of Public Health completing sections 1.a and 1.b) ICANT							

2.2 S	2.2 SEX 2.3 NATIONALITY																									
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Fen	nale							Fo	reig	n N	latio	ona	l													
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2.4 P	2.4 POSTAL ADDRESS																									
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2.5 N	ATIO	ON A	AL I	ID 1	O							2	.6 P	AS	SP(ORT	ΓΝ	Ο. (For	reig	n N	atio	nal	s or	ıly)	_
2.7 D	ATE	OF	BI	RT	H																					
2.8 E	MPL	OY	ME	ENT	' DI	E T A	\IL	S																		
(a) Cu	urrent	ly											(b)	If e	mpl	loye	d,									
Em	ploye	d											P	lac	e of	Wo	rk									
Une	Unemployed Position (Optional)																									
03. CONTACT DETAILS																										
3.1 T	3.1 TELEPHONE NUMBERS																									
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3.2 E – MAIL

3.3 CONTACT PERSO	N FOR	EME	RGE	ENCI	ES											
(a) Name																
(b) Relationship	Father/ Mother/ Spouse/ Children/															
(c) Contact Numbers																
04. HIGHER EDUCAT 4.1 EDUCATIONAL QU					RCH	I QU	J AL	JFI(CAT	ΓΙΟΝ	NS					
Name of University Institute	y /		ľ	Namo	e of t	the l	Degi	ree			Ŋ	/ear	1	Grade/ GPA Class		
4.2 IF YOU HAVE CO FOLLOWINGS (a) Title of Thesis	MPLE'	TED A	А ТН	IESI	S Al	ΓМ	[AS]	ΓER	.S' I	LEV	EL,	IND	ICA	TE	THI	E
(b) Date of Completion	ı															
(c) University/ Institute	2															
05. RESEARCH PUBLI	CATIO	ONS (If any	y) (Pl	ease	indi	icate	top	5 p	ublic	cation	ıs)	••••	••••	•••••	

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06. ARE YOU A REGISTERED STUDENT FOR ANOTHER DEGREE AT THIS OF ANY OTHER UNIVERSITY? Yes No	R
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If yes, details	
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07. ANY OTHER RELEVANT INFORMATION THAT YOU WISH TO INFORM	
(Use additional sheets if necessary)	
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08. 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 relevant) (optional)	
Two referee reports (optional)	\exists
4 self-addressed stamped envelopes (Size $-22 \text{ cm} \times 10 \text{ cm}$) (Local applications only)	

09. PAYMENT DETAILS

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

10. DECLARATION BY THE APPLICANT	
I certify that the information provided above is correct and I the regulations of the PGIMS and the University of Peradeni consideration to the admission to the diploma/degree program	iya if this application is accepted for
	Signature of Applicant

Application Procedure

Applicants must submit post the duly filled applications to the PGIMS on or before the deadline with;

supporting documents (certificates and evidence of payment of the course fees).

Assistant Registrar (Acting)
Postgraduate Institute of Medical Sciences
University of Peradeniya
Peradeniya

or e-mail to the

pgimsoffice@pgims.pdn.ac.lk

Please write name of the degree programme on the top lefthand corner of the envelope or in the subject of the e-mail.

10 1 D	rogramme Applied for	7 (5)									
10.1 F	rogramme Applied for	МРН	•••••								
		MSc. ESS	••••								
10 2 D	ocuments Submitted:										
10.2 D	_	Cantificata		Service letter							
1	Certified Copy of Birth	Cermicate	6	Service letter							
2	Certified Copy of Degree	Bachelors'	7	Synopsis of Research Project							
3	Payment Voucher		8	Two Referee Reports							
4	Certified Copy of Po Diploma	stgraduate	9	Transcript/s							
5	Certified Copy of Degree Certificate/s	Masters'	10	Other Documents							
Remar	ks, if any										
Date				Signature of Subject Clerk							
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10.3 K	ECOMMENDATION C	r Assistant Kr	ZGIST KAN								
		l submitted to Prog	ramme Coo	ordinator and Board of Study for							
selection	on.										
Remar	ks, if any										
Date				Signature of Assistant Registrar							

10.4 RECOMMENDATION OF POSTGRADUATE PROGRAMME COORDINATOR

RECOMMENDED	NOT RECOMMENDED							
for admission to the program applied under Sectionof admission criteria.								
If not Recommended, indicate reasons:								
Date	Signature of Programme Coordinator							
10.5 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							
10.6 APPROVAL OF DIRECTOR/ PGIMS The application is approved/ Not approved for registration.								
Date	Signature of Director/ PGIMS							