



**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

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

.....
.....

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

Yes

No

If yes, details

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

07. ANY OTHER RELEVANT INFORMATION THAT YOU WISH TO INFORM

(Use additional sheets if necessary)

.....
.....

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)*

4 self-addressed stamped envelopes (Size – 22 cm × 10 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 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

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. FOR OFFICE USE ONLY

10.1 Programme Applied for

MPH	
MSc. ESS	

.....

10.2 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

10.3 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

10.4 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

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.

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Date

Signature of Director/ PGIMS