



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

## Referee Report

### Section I

**To the Applicant:** Please complete this section of the form. You should ensure that each of your referees is given a copy of this form to submit with their responses.

1.	Degree Programme Applied:	
2.	Name of the Applicant:	
3.	Contact Details of the Applicant:	
4.	Names and Contact Details of Referees:	(i)
		(ii)
5	Declaration by the Applicant:	I have submitted an application for Master of Science/Masters of ..... conducted by the PGIMS, University of Peradeniya in Sri Lanka.  Date: ..... Signature: .....

### Section II

**To the Referee:** Please complete the following section of the document and hand it over to the candidate in a sealed cover or send directly to Assistant Registrar, PGIMS, University of Peradeniya, 20400 Peradeniya, Sri Lanka by post or as an email attachment to [pgimsoffice@pgims.pdn.ac.lk](mailto:pgimsoffice@pgims.pdn.ac.lk)

1	Length of time and capacity in which you have known the applicant:	
2	Your assessment on applicants' suitability and potentials to undertake the chosen degree programme of the PGIMS:	
3	If you are a lecturer/professor from the University of the applicant or a mentor/supervisor of the applicant, your assessment on motivation and intellectual capacity of the applicant:	
4	If you was/are the employer or the boss of the candidate, his/her responsibility towards duty and standard of work:	
5	According to your assessment, what you consider to be his/her main strengths and weaknesses:	
6	Your assessment on the English language proficiency of the candidate:	
7	Any other information you think relevant and assist the PGIMS in making decision on his/her application:	

<b>Name of the Referee:</b>	Prof./Dr./Mr./Ms./Mrs.
<b>Name and Address of Institution/Organization:</b>	
<b>Date:</b>	
<b>Signature:</b>	