FACULTY OF DENTAL SCIENCES

UNIVERSITY OF PERADENIYA

SRI LANKA

CLOSING DATE OF APPLICATIONS: APPLICATION NUMBER :

*(for official use only)*

REGISTRATION NUMBER :

*(for official use only)*

FDS/PG/



APPLICATION FOR ADMISSION TO POSTGRADUTE DEGREE PROGRAMMES

PROGRAMME DATA

|  |
| --- |
| Degree Applied for |
|  |

PERSONAL DATA

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

01. NAME

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| (a) FULL NAME ( Dr /Prof.)  Please leave one space after each name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| (b) NAME WITH INITIALS | | | | | | | | | | | | | | | | | | | | | | | | | | |
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02. SEX 03. NATIONALITY

|  |  |
| --- | --- |
| Sri Lankan |  |
| Foreign National |  |
| Specify Country: | |

|  |  |
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| Male |  |
| Female |  |

04. (a) NATIONAL ID NO (Sri Lankans only) (b) PASSPORT NO.

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05. DATE OF BIRTH

06. CONTACT DETAILS

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| (a) PERMANENT ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| (b) MAILING ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | (c) TELEPHONE NUMBERS | | | | | | | | | |
| Residence /mobile |  |  |  |  |  |  |  |  |  |  |
| Office |  |  |  |  |  |  |  |  |  |  |

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| (d) E-MAIL (if any) | | | | | | | | | | | | | | | | | | |
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07. ACADEMIC QUALIFICATIONS OBTAINED

|  |  |  |  |
| --- | --- | --- | --- |
| Name of University / Institute | Name of the Degree / Diploma with  Subjects | Year | Grade / GPA / Class |
|  |  |  |  |
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08. Research Publications/Experience

*(Use additional sheets if necessary)*

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09. FOR MPhil/ Ph.D PROGRAMME APPLICANTS ONLY\*

(A) RESEARCH AREA

(*Submit a synopsis of research project, about 300 words, together with the application)*

|  |  |  |
| --- | --- | --- |
| A | Proposed field of research: |  |
|  | Tentative title of the proposal: |  |
| Source of Funding: |  |

(B) NAMES OF REFEREES

*(Submit two referee reports)*

|  |  |
| --- | --- |
| Name of the Referee | Position and Affiliation |
| 1. |  |
| 2. |  |

(C) NAMES OF TENTATIVE SUPERVISORS (Optional)

*(Submit names and contact details of two persons to be considered for appointment as supervisor/s).*

|  |  |
| --- | --- |
| Name of Proposed Supervisors | Position and Affiliation |
| 1. |  |
| 2. |  |

10. HAVE YOU PREVIOUSLY APPLIED FOR ADMISSION TO THIS PROGRAMME?

Yes No if Yes, give details: ………………………………………………

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

Yes No if Yes, give details: ………………………………………………

12. ANY OTHER RELEVANT INFORMATION THAT YOU WISH TO INFORM ?

(*Use additional sheets if necessary*)

………..……………………………………………………………………………………………………………..

13. DOCUMENTS SUBMITTED WITH THIS APPLICATION

(a) Certified Copies of the Degree/Diploma Certificate/s (b) Certified Copies of the Detailed Degree/Diploma Certificate/s

(c) Certified Copies of the Birth Certificate

(d) Synopsis of Research Project

(e) Other Relevant Documents

(f) 4 self-addressed stamped (Rs.15/-) envelopes (22x10cm)

(Local applications only)

14. DECLARATION BY THE APPLICANT

I have instructed the Registrar of ….……………………………………………………….. (*Name of the University / Institute that the applicant obtained basic degree or other qualifications*) to send my academic transcripts directly to the Assistant Registrar, Faculty of Dental Sciences (FDS), University of Peradeniya, Peradeniya, Sri Lanka. I certify that the information provided above is correct and I agree to abide by and be subjected to the regulations of the FDS and the University of Peradeniya if this application is accepted.

……………………… ………………………………………

Date Signature of Applicant

16. FOR OFFICE USE ONLY

(a). Programme Applied for

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| PG DIP |  | MSc |  | Mphil |  | PhD |  |

(b). Documents Submitted :

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 | Certified Copy of Birth Certificate |  | 6 | Synopsis of Research Project |  |
| 2 | Certified Copy of Bachelor Degree |  | 7 | Transcript/s |  |
| 3 | Certified Copy of Bachelors Degree  Detailed Certificate |  | 8 | Other Documents |  |
| 4. | Certified Copy of Postgraduate Diploma |  |  | | |
| 5. | Certified Copy of Masters Degree  Certificate/s |  |

Remarks, if any : ……………………………………………………………………………………………………..

………………………… ………………………………

Date Signature of Subject Clerk

The application is completed and submitted to the Programme Coordinator and Board of Study for selection.

Remarks, if any : ………………………………………………………………………………………….

………………………… .....………………………………

Date Signature of Assistant Registrar/ Faculty of Dental Sciences

I. RECOMMENDATION OF POSTGRADUATE PROGRAMME COORDINATOR The Application is

Recommended Not Recommended

If not recommended, indicate the reasons ………………………………………………………………

…………………………………………………………………………………………………………………...

…………………………………….. Date: …………………. Signature of Programme Coordinator

II. APPROVAL OF THE BOARD OF STUDY The Application is

Approved Not Approved

For admission to the programme applied.

If not approved, indicate reasons: …….…………………………………………………………………

……………………………………..

Date: …………………. Signature of Chairperson/Board of Study

III. APPROVAL OF THE DEAN /FDS

The Application is approved/ not approved for registration.

If not approved, indicate reasons: ….…………………………………………………………………

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Date Signature of Dean/ Faculty of Dental Sciences