FACULTY OF GRADUATE STUDIES
UNIVERSITY OF RUHUNA
Sri Lanka

APPLICATION FORM

Please tick (✓) the appropriate program.

Master of Food Science & Technology (SLQF Level 9)	☐
Master of Science in Food Science & Technology (SLQF Level 10)	☐

The application form should accompany a bank slip of processing fee of Rs. 2000/-
(deposited to the "Collection Account of the University of Ruhuna" through any branch of People's Bank by giving the Ref. No. **322032600000016**)

For Office Use Only
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1. PERSONAL DATA

FULL NAME: (Mr./Miss/Mrs./) ....
*(Please write the surname in **capitals**)*

NAME WITH INITIALS : (Mr./Miss/Mrs./).. .

HOME ADDRESS:...	Mobile: .... Landline: .... E-mail: ....
OFFICE ADDRESS:	Phone: ....
DATE OF BIRTH: .... CIVIL STATUS:.................................. GENDER (M/F):	NATIONAL ID NO.: ....

2. EDUCATIONAL QUALIFICATIONS *(including postgraduate qualification/experience):**Please attach photocopies of certificate/s.***

A. Undergraduate and Postgraduate qualification (Please enclose document evidence)

From Month/Year	To Month/Year	University/Institute	Degree/Diploma etc.	Total Duration Months/Years	Class/grade

B. List University scholarships, prizes or other awards received in the chronological order. (Please enclose documentary evidence.)

C. RESEARCH PUBLICATIONS *(If any)*:
(If necessary attach a separate sheet)

3. PROFESSIONAL QUALIFICATIONS AND WORK EXPERIENCE:

Professional Qualifications	Membership Category	Year of Membership obtained

Total years of experience after graduation to date of the application:

A. Present Occupation

Date of joining	Name of the Organization	Title / Position hold	Sector (Public/Private /Statutory/Self-employed)

B. Previous employment

From Month/Year	From Month/Year	Name and address of the organization	Title/ Post held	Reason for leaving

4. OTHERS:

A. REASONS FOR STUDY:

B. SELF-ASSESSMENT OF PROFICIENCY IN ENGLISH:

Reading	Very Good		Good		Fair		Weak	
Writing	Very Good		Good		Fair		Weak	
Conversation	Very Good		Good		Fair		Weak	

5. DECLERATION:

I declare that all the particulars given above are correct to the best of my knowledge. I understand that any inaccurate or false information (or omission of material and information) will render this application invalid and that, if admitted and awarded a place on the basis of such information, my candidature can be terminated and be subjected to penalties as decided by the rules and regulations of the University of Ruhuna.

Date: ……. Signature of Applicant: ……

Please send your application to:-

Deputy Registrar, Faculty of Graduate Studies
University of Ruhuna
No 115, Sri Dharmarama Mawata
Fort - Matara

Check whether you have attached the following:

1. Copies of certificates of academic qualifications (e.g. Degree certificate with transcripts, etc)
2. Copies of certificates of membership / associate membership / Graduate ship of professional institutions (if applicable).
3. Copies of certificates of employment records (if applicable).
4. Letter of consent from employer regarding leave (if applicable).
5. Letter of Sponsorship (if applicable).