



**EASTERN UNIVERSITY, SRI LANKA  
FACULTY OF ARTS & CULTURE**

**APPLICATION FORM FOR MASTER OF ARTS 2018 /2019  
(GEOGRAPHY/TAMIL/FINE ARTS/ DRAMA & THEATRE)**

*Course of study applied:*

**1. Personal information:**

1. Full Name:

2. Name with initial/s

3. Date of Birth:

4. Age:

5. Civil Status:

6. Sex:

7. a) Permanent Address

b) Telephone number

Mobile:

Office:

Residence

c) Fax Number

a) E – mail address

8. Whether Citizen of Sri Lanka

9. N.I.C. Number

## 2. Educational Record:

### 01. Senior Secondary:

Name of School	From	To

### 02. University/ Post Graduate Education (Degree, Diplomas, Etc)

University	From	To	Subject/ Field of study	Degree/Diploma	Grades

### 03. Professional Qualifications:


## 3. Academic Distinctions:

Institution	Year	Award

**4. Research, Publications, Communications Etc.:**

List under:

- a) Publication in research Journals
- b) Communication to Learned Societies
- c) Others
- d) Current Research Activities

(Please Annex separate sheets)

**5. Language Proficiency:**

Language	Highest Examination Passed	Other Qualifications

**6. Employment Record:**

01. Present Employment:

Institution	Post	Salary per Month	With effect from

02. Previous Employment:

Institution/Department	Post	From	to	Salary per month

**7. Declaration by the Applicant:**

1. I certify that the above information furnished are true and accurate.
2. I am aware that in the event of any information being found to be false, my registration may be cancelled.

I hereby agree to abide by all rules and regulations applicable to external student of the University. I also agree that in the event of violation of any regulation on my part, the University may if necessary cancel my registration.

Date:.....

.....

Signature of Applicant

**8. To be completed by present Employer (if any):**

This is to certify that Mr./Mrs./Miss..... is employed as ..... With effect from ..... and he/she could/ could not be released if he/she is selected.

Recommended and forwarded.

Name:

Designation:

Date:

.....

Signature of Employer