EASTERN UNIVERSITY, SRI LANKA

### APPLICATION FOR REGISTRATION

### APPLICATION FOR REGISTRATION FOR POSTGRADUATE DEGREE

**(DOCTOR OF PHILOSOPHY)**

#### 

## ***SECTION-1- PERSONAL INFORMATION:***

1. Surname :

02. Other Names :

03. Date of Birth : 04. Age:

05. Civil Status : 06. Sex: Sex :

07.

a) Permanent Address :

b) Telephone number

c) Fax Number

d) E-mail Address

08. Whether Citizen of

Sri Lanka :

09. N.I.C Number :

## ***SECTION-2- EDUCATIONAL RECORD:***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| University | From | To | Subject /Field  of Study | Degree  /Diploma | Grades |
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## ***SECTION-3- RESEARCH & PUBLICATIONS :***

1. Whether involved in any research work
   1. at the University
   2. outside the University
2. Name of Projects and Guide:
3. Publications (give all the Publication details , Titles , Year of Publication etc.)
   1. Research
   2. Dissemination of Knowledge

## ***SECTION-4- LANGUAGE PROFICIENCY:***

|  |  |  |
| --- | --- | --- |
| Language | Highest Examination Passed | Other Qualifications |
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## ***SECTION-5- EMPLOYMENT RECORD***

**5. Present and Previous Employment:**

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| --- | --- | --- | --- | --- |
| Institution /Department | Post | From | To | Salary per mensum |
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**6. REGISTRATION REQUESTED:** Full Time/ Part Time

External/Internal

**7. FIELD OF RESEARCH:**

**8. PROPOSED SUPERVISOR/ SUPERVISOR’S**

8.1

**Internal** Name

Designation

Attachment

Academic/

Professional

Qualifications

I have discussed the programme of research with the applicant. I approve the programme and am willing to supervise the work of the candidate.

Date:…………………….. ………………………………

Signature of Supervisor

8.2

**External** Name

Designation

Attachment

Academic/

Professional

Qualifications

I have discussed the programme of research with the applicant. I approve the programme and am willing to supervise the work of the candidate.

Date:…………………….. ………………………………

Signature of Supervisor

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

**OFFICIAL USE**

**Observation/ Recommendation of the Head of the Department**

Applicant satisfies/ does not satisfy regulations for registration.

Comments:

Signature :

Name :

Department :

**Observation/ Recommendation of the Dean of the Faculty:**

Recommended/ Not Recommended:

Comments (If any):

Signature :

Name :

Faculty :

**Recommendation of the Higher Degrees Committee:**

**Order of the Senate:**