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**Eastern University of Sri Lanka**

**Faculty of Arts & Culture**

**APPLICATION FORM FOR M.Phil./Ph.D. Programme - 2018**

(Geography/Tamil/Fine Arts & Drama & Theatre)

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| 1. **Programme Details**
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| Degree applied for (M.Phil. / Ph.D.) : |
| Subject / Field of Study:(If the proposed field of study is not directly relevant to the specialization, give justification) |
| Enrollment sought (Part time / Full Time) : |
| Medium chosen to pursue this study (English/Tamil) :  |
| Proposed Title of thesis : |
| Translation of the title in English (If the chosen Medium is Tamil) |
| **\*** Research proposal of the proposed work should be submitted along with the application (Please use separate sheet.) |
| 1. **Applicant’s suggestion for the followings (Optional)**
 |
| Name of the Supervisor :Name of the Co-Supervisor (if necessary):Name of the Consultant/Advisor(if necessary) :(Please note that supervisors should be a permanent academic staff of the Eastern University, Sri Lanka with specialization relevant for your research topic. The final decision would be taken by relevant Board of Study, Faculty Board and Senate in appointing supervisors.) |

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| 1. **Personal Information:**

Full Name (in English): (Block Letters)Name with initial/s: Date of Birth : Civil Status : Gender : Ethnicity: Nationality : Religion:  |
| Permanent Address : E-Mail Address :  |
| Contact Number : Residence : Mobile: Office : |
| National Identity Card No. :  |
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| **4. Educational Qualifications (Please attach certified photo copy)** |
| 1. ***First Degree***
 |
| Name of the University/Institution | Name of the Degree | General or Special & Duration | Effective Date | Grade / Class | Subject  |
|  |  |  |  |  |  |
| *Title of Dissertation (which was submitted at your first degree):* |
| ***(b) Postgraduate Degrees / Diplomas*** |
| Name of the University | Name of the Degree/Diploma | Duration | Effective Date | Grade / Class | Field of study |
|  |  |  |  |  |  |
| *Title of Dissertation (which was submitted at your postgraduate degrees):* |
| **5. Employment History :** |
| *(Please list in chronological order with current / most recent employer first)* |
| Date (From / To) | Name of Institution and Official Address | Position held  |
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| 1. **Academic Distinctions:**

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| --- | --- | --- |
| Institution | Year  | Award |
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1. **Research, Publications, Communications Etc.:**

List under:1. Publication in research Journals
2. Communication to Learned Societies
3. Others
4. Current Research Activities

(please Annex separate sheets)1. **Language Proficiency:**

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| --- | --- | --- |
| Language | Highest Examination Passed | Other Qualifications |
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| 1. **Names & Addresses of Referees (one should be from your academic career) – The forms for Referee Reports annexed here to should be handed over to the referees indicated below.**
 |
| First Referee | Second Referee |
| Name | Name |
| Designation | Designation |
| Address | Address |
| Contact No. | Contact No. |
| e-mail | e-mail |
| Applicant’s relationship | Applicant’s relationship |
|  |
| 1. **Other Details**

Have you been registered for a Postgraduate Degree/Diploma/any other examination in this or in any other University?If so give details:Any other relevant information: |
| 1. **Declaration by the Applicant:**
2. I certify that the above informations furnished are true and accurate.
3. 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

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| 1. **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 |

  **OFFICE USE ONLY**1. **. A: Application processing with relevant Department**

 Application sent to the Head of the Department of ………………………on…….………  Application received from the Department on ……………… **B : Application Processing with relevant Board of Study /Faculty Board/ Senate**Date on which the Board of Study recommended this application : ………………………Name of the Supervisor …………………………………………………………………… Name of the Co-Supervisor (if any)………………………………………………………..Name of the Consultant (if any) …………………………………………………………... Date of the Proposal Presentation : ………………………………………………Date on which the Faculty Board recommended this application : ……………… Approved title of Research ………………………………………………………………………………………………………………………………………………………………………………………………Date on which the Senate approved this application : ……………………………  ……………… ………………………… Date Signature of the AR /  Faculty of Arts & Culture |
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