



**EASTERN UNIVERSITY, SRI LANKA**  
**APPLICATION FORM FOR MASTER OF ARTS**  
**(GEOGRAPHY/TAMIL/FINE ARTS/DRAMA & THEATRE)**

**Section-A- Personal Information:**

01. Full Name :

02. Name with initial/s :

03. Date of Birth :

04. Age:

05. Civil Status :

06. Sex:

07. a) Permanent Address

b) Official Address

c) Telephone number

Mobile:

Office:

Residence:

d) Fax Number

e) E-mail Address

08. Whether Citizen of  
Sri Lanka :

09. N.I.C Number :

**Section-B- Educational Record :**

10. Senior Secondary:

Name of School	From	To

11. University/ Post Graduate Education (Degrees, Diplomas, Etc)

University	From	To	Subject/Field Of Study	Degree /Diploma	Grades

12. Professional Qualifications:


**Section-C- Academic Distinctions:**

Institution	Year	Award

**Section-D- 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)

**Section –E- Language Proficiency:**

Language	Highest Examination Passed	Other Qualifications

**Section –F-Employment Record:**

01. Present Employment:

Institution	Post	Salary per Month	With effect from

02. Previous Employment:

Institution/Department	Post	From	To	Salary per month

**Section –G-Extra Curricular Activities:**

**Section –H- Other Relevant Particulars:**

**Section-I- Declaration by the Applicant :**

01. I certify that the above information furnished by me are true and accurate.
02. 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

**Section-J – 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

**Section-K – For Official Use:**

<b>Head's Recommendation:</b>	
Date:.....	..... <b>Signature</b> Name: <i>(Place the Official Seal)</i>
<b>Dean's Recommendation:</b>	
Date:.....	..... <b>Signature</b> Name: <i>(Place the Official Seal)</i>

Eligibility for the examination :  
Category :  
Year of Study :  
Date of Examination :  
Date of Interview :  
Remarks :

Date .....  
.....  
Senior Assistant Registrar/ Academic Affairs