

EASTERN UNIVERSITY, SRI LANKA POSTGRADUATE STUDIES UNIT

For office use only
Application No:
Date:

FACULTY OF COMMERCE AND MANAGEMENT

MASTER OF PHILOSHPHY IN ECONOMICS (MPhil) PROGRAMME BY RESEARCH

APPLICATION FORM

	Academic Year
1.	Personal Information
	1.1. Name in Full : (Rev./Dr./Mrs./Miss.) (Use block letter)
	1.2. Name with initial/s : Name with initial/s Name with in
	1.7. Nationality :
	1.9. a. Residential Address:
	b. Office Address :
	c. Postal Address :
	1.10. a. Residential Phone No. :
	b. Mobile Phone No. :
	c. Office Phone No. : d. Fax No. :
	e. Email Address :

2.	Academic O	ualifications	(Attach	photoco	pies o	f the re	elevant	certificates)
----	------------	---------------	---------	---------	--------	----------	---------	---------------

University	Period	Main Subjects/ Specialization	Degree & Class	Month & Year

3. Professional Qualifications (Attach photocopies of the relevant certificates)

Institute	Period	Field of Study / Training	Qualification	Month & Year

4. Work Experience

Organization	Period of Service			Position Held
	From To No. of Years		Position neia	

^{*}Start with your present employment

5.	Research Details :					
	Types of Research :					
	Institution :					
	Project Name/ Title :					
	Duration :					
	(Please annex separate sheet if this space is insufficient)					
6.	Publication/s: (list out your publications with title, name of the journal, conference year of publications etc.)					
	(Please annex separate sheet if this space is insufficient)					
7.	Funding (Mode of Financing for the MPhil Programme):					
	Private Sponsored Undecided					
	If sponsored, by whom?					
8.	Reasons for pursuing the MPhil Programme :					
	(Briefly describe why you wish to enroll in the MPhil Programme at the Faculty of Commerce and					
	Management, Eastern University, Sri Lanka)					
9.	List other information including your personal/career interests, which you may feel useful to the Admission Committee in the evaluation of your application:					
	I certify that the above particulars given by me are true and accurate to the best of my knowledge and aware that misrepresentation in the application will cause rejection of application or revoking of acceptance for admission and that an					
	incomplete application will be rejected.					
	Date: Signature of the Applicant:					

10. To be completed by Present Employer (if any):

I hereby certify that Rev./Dr./Mr./Ms	is employed as
	with effect from
Recommended and forwarded	
Name:	Designation:
Date:	Signature of Employer:
	(Official Rubber Stamp)

Note:

Duly completed application form along with relevant documents and two self-addressed envelopes are to be sent by registered post to the following address:

The Coordinator,
Master of Philosophy in Economics,
Postgraduate Studies Unit,
Faculty of Commerce and Management,
Eastern University, Sri Lanka,
Vantharumoolai, Chenkalady

For Contacts: Director: 0653641990

 Coordinator:
 0777066326

 Head:
 0652240735

 SAR/Exam
 0652240584