



UNIVERSITY OF RUHUNA
Centre for Multidisciplinary Studies and Research
Hambanthota
Application Form

Course Name:

Name of Applicant: (Prof./Dr./Mr./Mrs./Ms.) (BLOCK CAPITAL LETTERS)				
NIC Number:		Date of Issue:		
Place of Work:		Designation:		
Official Address:				
Phone:	(Work)	Mobile:		Email:
	(Home)			
Your Employment Records:				
	Duration	Place of Work	Position held	Work/Duty

If you are presently not an employee of a Government Department, Corporation, Statutory Board or any such organization:

The Employer:

Address:

Nature of your duties in the organization:

Recommendation and Approval of Employer (to be filled by the Head of the Institution/Company):

Signature:		Position:	
Name:		Tel/Fax:	
Contact Address:		Email:	
Educational Background:	<input type="checkbox"/> University Degree, if applicable (Please Specify)	<input type="checkbox"/> Other (Please Specify)	

Have you previously attended any Short Courses/Certificate Courses/Diploma Courses etc. on the relevant field? Yes No

If yes, give details (Institute/duration/type & name of the course/s);

Experience in the Field of particular courses which you will be planning to follow (You may use additional sheets if necessary):

Why do you intend to follow this course?

How did you come to know about this Course? Through advertisements
 Through previous participants of this course Through friends
 Other (please specify

The information provided in this form is true and correct according to my knowledge.

Applicant's
Signature: -----

Date ----- / ----- / -----

**Photograph of the
Applicant**

*Please submit the **completed application form** with cash payment bank receipt (People's Bank, Account No. 1-001-1-2477594) for the **full payment***

*Dr. (Mrs.) Nilantha De Silva,
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Research,
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