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**MASTER OF SCIENCE IN INTERIOR DESIGN**

**DEPARTMENT OF ARCHITECTURE,**

**UNIVERSITY OF MORATUWA, KATUBEDDA, SRI LANKA**

APPLICATION FOR ADMISSION TO THE MASTER OF SCIENCE IN INTERIOR DESIGN AND THE POST GRADUATE DIPLOMA IN INTERIOR DESIGN-2024/2025

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| --- | --- | --- |
| 01. | Name with initials.(Mr/Mrs/Miss) |  |
| 02. | Surname |  |
| Other names  |  |
| 03. | Postal Address  | Permanent Address (If different from above) |
| 04. | Date of Birth | Year | Month | Day | 05. | Nationality |  |
|  |  |  |  |  |  |  |  |
| 06. | Contact telephone number |  |  |  |  |  |  |  |  |  |  |
| 07. | Email address |  |
| 08. | Sex | 08. | Marital Status |
| Male |  | Female |  | Married  |  | Single |  |

|  |  |  |
| --- | --- | --- |
|  University or Institute |  Dates From To |  Degree/Diploma (Class if any) |
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09. Academic qualifications:

|  |  |  |
| --- | --- | --- |
|  Institute |  Status of Membership  |  Date of Election |
|  |  |  |
|  |  |  |
|  |  |  |

10. Professional qualifications:

11. Present Employment:

|  |  |  |
| --- | --- | --- |
|  Post |  Organisation/ Institution  | Date of Assuming duties |
|  |  |  |

12. Previous Working Experience

 (last post first etc.,):

|  |  |  |
| --- | --- | --- |
|  Post |  Organisation/ Institution |   From To  |
|  |  |  |
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13. Other experience and qualifications:

 (List top three research, publications, awards received etc., giving details and dates)

14. Names, designations, contact number and address of two referees:

|  |  |  |  |
| --- | --- | --- | --- |
| A. |  | B. |  |

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Date Signature of Applicant

Please return the completed application under registered post before **the 31st of March 2024** to:

Director- Master of Science in Interior Design Programme

Department of Architecture, University of Moratuwa

Katubedda, Sri Lanka