

## DEPARTMENT OF BUILDING ECONOMICS FACULTY OF ARCHITECTURE, UNIVERSITY OF MORATUWA

## **APPLICATION FOR POSTGRADUATE STUDIES**

## MSc / PG Diploma in Project Management

Please Fill the Application Form Typed (NOT Handwritten)

PERSONAL II	NFORMATION											
1. Title	2. Name in Fu	II (BLOCK LET	TERS):	ERS):			4. Date of Birth					
☐ Mr.					уууу.		mm. dd.		d.			
☐ Ms.	3. Name with	Initials (BLOCK	LETTERS	_ETTERS): 5. Age								
			6. National Identity Card No									
7. Contact De	tails											
7(a) Home Ad	dress		7(b) Offi	7(b) Official Address			7(c) Contact Address					
					Tel:	Tel:						
			Tel/Fax:	Tel/Fax:			Mobile:					
Tel:			Email:	Email:			Email:					
				Attach Copies of the Qualification			mic Transcripts	)				
8(a) University / Institute			Area of 8(d) Duration o Programme (1, 2, 3, 4, or 5 Years		of Graduation		8(f) Attendance (Full Time / Part Time)	8(g) Mode (Internal / Distance / Top-up)	8 (h) Class or Grade			
PROFESSIONAL QUALIFICATIONS (Please Attach Copies of Certificates) Note: Copies of Certificates with Membership Effective / Award Date and If the Membership is Obtained through an Academic Route, Transcript is COMPULSORY												
9(a) Membership Category		9(b) Professional Institution		9(c) Membership Award Date			) Field of cialization	9(e) Membership Obtained Through an Academic Route Yes / No				

DETAILS OF RELEVANT EXPERIENCE AFTER THE EFFECTIVE DATE OF DEGREE OR PROFESSIONAL QUALIFICATION (Starting from the Present) (Attach All Service Letters indicating Duration)											
10(a) From (Month / Year)		10(b) To (Mont	h / Year)	10(c) Compa	ny / Organization	10(d) Title / Position /					
Month	Year	Month	Year			Designation					
11. Are you registered for any other postgraduate course? ☐ Yes ☐ No If 'Yes', please give details:											
REFEREES											
Names and Contact Details of two Non-Related Referees. <b>Use the attached referee report form to provide two references from below</b> mentioned referees under sealed envelope in support of your application.											
12(a) Name:					12(b) Name:						
Designa	tion:				Designation:						
A 1.1					A 11						
Address	:				Address:						
Tel:					Tel:						
DECLARATIO	N OF APPLIC	ANT									
I certify that the above information is true and correct to the best of my knowledge and I accept the decision of the admission board as final in the event my entry to the course is rejected. I understand that any inaccurate or false information (or omission of material information) will render this application invalid and that, if admitted and awarded a place on the basis of such information, my candidature can be terminated and I can also be subject to any penalty dictated by the rules of the University of Moratuwa.											
Date:				Signatur	e of the Applicant:						
				DOCUMENTS							
Please make	sure that you	ı suhmit the duly	filled and sign	ed application	form including all supporting	documents in one (01) PDF					
Please make sure that you submit the duly filled and signed application form including all supporting documents in <b>one (01) PDF file, which is 20 MB or less</b> (please email the files only in pdf format).  I declare that I have attached the following documents (Please tick the check box with 'X' and confirm)											
		ed the following d	ocuments (Plea	ise tick the che	ck box with 'X' and confirm)						
Degree C											
_	cademic Trans	-									
Professional Qualification Certificates											
		etters from Emplo	yers								
		tter (If available)									
	dentity Card	_									
Applicatio	n Processing	Fee Receipt/Pay	ng-in-voucher								
Ceylon branch	n to the credit	of "University of	Moratuwa" Ac	count No. 7099		ucher obtainable at any Bank of					
Clearly State 'Your Name' 'NIC Number' and 'MSC PM' on the youcher											