

<b>Ref. No.</b> <b>(for office use only)</b>	
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should be sky  
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(Background  
should be sky  
blue)

# APPLICATION FOR ADMISSIONS

## Academic Year 2020 - Colombo Intake

**IMPORTANT:**

- Only photocopies of certificates in support of age (Birth Certificate) and educational / professional qualifications (Convocation degree certificate, detailed certificate or course completion certificate) together with the payment receipt of the application processing fee (LKR 1500,00 should be sent to the Deputy Registrar, Postgraduate Institute of Agriculture, P.O. Box 55, Old Galaha Road, Peradeniya. by registered post.
- Students applying for M.Phil. / Ph.D. should submit two page concept paper together with the application.
- Official Transcript of the candidate should be submitted directly to the PGIA by the respective University where the applicant has obtained Bachelor Degree or equivalent qualifications.
- Students whose final results are pending (results to be released by January 2021) can apply with an official document issued by the Registrar of University / Institute.
- Employees of government department, corporations(permanent employees only) should submit their applications through the respective head of the institute/ corporation.(Send the Employer Consent Form separately)
- If you are unable to submit all relevant documents by deadline, kindly submit the application and payment receipt together with the available documents and remaining documents to be submitted within two weeks time.

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1. National ID / Passport No:

Rev. / Mr. / Miss. / Mrs. / Dr.

Name with initials:

Name in Full:

(Your name should be tallied with the name appearing in the bachelor degree certificate and the birth certificate. Kindly note that this is how your name will appear in your postgraduate degree certificate.)

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2. Home address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Personal email: \_\_\_\_\_

Official address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Address for correspondence (Home/Official): \_\_\_\_\_

Deputy Registrar should be informed immediately of any changes in contact details:

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Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Nationality: \_\_\_\_\_ Sex : Male ☐ Female ☐

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  - If you are unable to submit all relevant documents by deadline, kindly submit the application and payment receipt together with the available documents and remaining documents to be submitted within two weeks time.

[illegible]**Rev. / Mr. / Miss. / Mrs. / Dr.**[illegible][illegible]

**(Your name should be tallied with the name appearing in the bachelor degree certificate and the birth certificate. Kindly note that this is how your name will appear in your postgraduate degree certificate.)**

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**Mobile No:****Email:**

Deputy Registrar should be informed immediately of any changes in contact details:

**Place of birth:**

**Sex : Male**

[illegible]

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**3. Present employment** (Name of designation): \_\_\_\_\_

**4. Name and address of employer:** \_\_\_\_\_

**5. Employment record** (List your most recent position first):

Name and address of employer	Position / Rank	Period		Nature of duty
		From	To	

**6. Educational/ professional qualifications** (Copies of certificate/s should be attached):

University	From	To	Degree	Field	Class / Pass

**7. List of publications** (attach a separate sheet if the space given here is inadequate):

8. Proposed programme of study: Please refer to section 2,4 and 5 of the student hand book and prospectus before completing this section.		
Board of Study	Name of the Degree Program Offered	Tick off ( <input type="checkbox"/> ) only <u>ONE (01)</u> program
Bio-Statistics	M.Sc. Degree in Applied Statistics (CW)	
	M.Sc. Degree in Applied Statistics (CW & R)	
	M.Sc. Degree in Bio-Statistics (CW)	
	M.Sc. Degree in Bio-Statistics (CW & R)	
Food Science & Technology	M.Sc. Degree in Food & Nutrition (CW)	
	M.Sc. Degree in Food & Nutrition (CW & R)	
	M.Sc. Degree in Food Science & Technology (CW)	
	M.Sc. Degree in Food Science & Technology (CW & R)	

Note: CW- *Course Work*

CW & R – *Course Work & Research.*

**9. References:** *(Give names and addresses of two referees, at least one of whom should have been your teacher at the university)*

Name :.....	Name :.....
Address :.....	Address :.....
.....	.....
.....	.....
Email :.....	Email :.....
Contact no. ....	Contact no. ....

**Note:** Forms for referee reports annexed hereto should be handed over to the referees indicated above. They should be requested to send their reports duly perfected, directly to the Director, Postgraduate Institute Of Agriculture under confidential cover. However, if the sealed envelopes are given to you personally, such reports should be hand delivered or posted to the PGIA.

I do hereby declare that particulars provided by me in this application are true and accurate to the best of my knowledge, and that I am not registered for any postgraduate degree program in any university in Sri Lanka at the time of this application. In the event of my being selected for the program of study I have applied for, I hereby agree to abide by such regulations of the institute as applicable to me.

Date: .....

.....  
Signature of applicant

## Employer Consent Form

Name of the Applicant

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NIC NO:

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**NOTE: To be completed by the Head of the Institute/ Corporation/ Enterprise of the applicant if applicable.**

Director  
Postgraduate Institute of Agriculture  
University of Peradeniya  
P.O.Box 55, Old Galaha Road  
Peradeniya

Forwarded. If selected, the applicant will be given permission to follow a postgraduate degree program at the PGIA.

Address: .....

.....

.....

.....

Signature of Head of the Institute/

Corporation/ Private Enterprise

Designation :.....

Date: .....

.....

(Please affix official rubber stamp)

**POSTGRADUATE INSTITUTE OF AGRICULTURE UNIVERSITY OF  
PERADENIYA REFEREE'S REPORT – 2020 (Colombo Intake)**

**SECTION 'A' (To be completed by the Candidate)**

**REFEREE(Undergraduate Lecturer or Supervisor)**

**APPLICANT**

Name.....

Full Name.....

Title.....

.....

Institution.....

NIC No. of Candidate: .....

Mailing Address.....

Board of Study.....

.....

(Must be the same as that shown on application)

**Proposed Postgraduate Program** (Circle one)

M.Sc.

MBA

M. Phil.

Ph. D.

DBA

I, ..... hereby waive my right of access to this reference report.

.....

(Signature of applicant)

*(This form should be signed by applicant before sending to the referee).*

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**SECTION 'B' (To be completed by the Referee)**

Please evaluate the applicant by placing a tick (✓) after each characteristic that most nearly represents your opinion. Compare the applicant with a representative group of students qualified for graduate study whom you have known and who have had approximately the same amount of experience and training as the applicant. If you lack knowledge to make a definite rating, give your estimate of applicant's ability, by checking the last column.

	<b>Below Average</b>	<b>Average</b>	<b>Good</b>	<b>Superior (Top 10%)</b>	<b>Inadequate Opportunity to Observe</b>
a. Ability to master academic work					
b. Ability in oral expression in English					
c. Ability to written expression in English					
d. Motivation					
e. Emotional stability and maturity					
f. Self-reliance and independence					

- a. .... This student was enrolled in my class/es.
- b. .... I was this student's undergraduate advisor/ project or research advisor.
- c. .... While I have not taught or advised the applicant, I have known the person for..... years.
- d. .... I supervised or directed the work of the applicant for .....years.
- e. .... I do not know this individual well enough to evaluate.

In the space below or by attachment, please add any comments which will assist in making a judgment as to whether the applicant should be admitted to the PGIA.

.....

**Signature of Referee with official frank**

Date: .....

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Please enclose the confidential report in the envelope provided and sign after sealing it. **The signed envelope could be handed over to the applicant** who is required to mail it along with his/her application or may mail your recommendation directly to the address given below to reach the Institute on or before **31-01-2021**.

**Director  
Postgraduate Institute of Agriculture  
P.O. Box 55  
Old Galaha Road  
Peradeniya**

**POSTGRADUATE INSTITUTE OF AGRICULTURE UNIVERSITY OF  
PERADENIYA REFEREE'S REPORT – 2020 (Colombo Intake)**

**SECTION 'A' (To be completed by the Candidate)**

**REFEREE(Undergraduate Lecturer or Supervisor)**

**APPLICANT**

Name.....

Full Name.....

Title.....

.....

Institution.....

NIC No. of Candidate: .....

Mailing Address.....

Board of Study.....

.....

(Must be the same as that shown on application)

**Proposed Postgraduate Program** (Circle one)

M.Sc.

MBA

M. Phil.

Ph. D.

DBA

I, ..... hereby waive my right of access to this reference report.

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(Signature of applicant)

*(This form should be signed by applicant before sending to the referee).*

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c. Ability to written expression in English					
d. Motivation					
e. Emotional stability and maturity					
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**Director  
Postgraduate Institute of Agriculture  
P.O. Box 55  
Old Galaha Road  
Peradeniya**



**This application along with the necessary payment should be sent by the applicant to the University/Institute where the applicant has obtained Bachelor Degree or equivalent qualifications.**

Name of Candidate : .....

NIC No. of Candidate : .....

Address : .....

.....

Date : .....

Registrar,

University of .....

.....

Dear Sir/Madam,

**Transcript of Academic Records – 2020 (Colombo Intake)**

I have applied for admission to the Postgraduate Institute of Agriculture, University of Peradeniya to pursue a program of study during the Academic Year 2019.

Please be good enough to forward the transcript of my academic record to the **Deputy Registrar, Postgraduate Institute of Agriculture, P.O. Box 55, Old Galaha Road, Peradeniya, Sri Lanka** to reach him not later than **31-01-2021**. Kindly annex this letter when my transcript is forwarded to the PGIA.

**My particulars are as follows,**

1. Name in full : .....

2. Name of Degree : .....

3. Date of Admission : .....

4. Date of Final Examination : .....

A receipt in support of payment for this transcript is enclosed.

Yours faithfully,

.....

**(Signature of Applicant)**