**UNIVERSITY OF PERADENIYA**

**PERADENIYA**

**APPLICATION FORM FOR**

**POSTGRADUATE RESEARCH FELLOWSHIPS – 2020**

***(Please print or type in block capitals)***

1. Fellowship/s applied for: (1) ………………………………………………………

(2) ………………………………………………………

(3) ………………………………………………………

1. Name of applicant in full: ………………………………………………………….

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1. Address: (Residence)………………………………………………………....……

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(Official)....................................................................................................

Telephone : Residence: ........................................... Official: ...............................

1. Date of Birth: ……………………………………………..
2. National Identity Card No.: …………………………………………………………
3. Particulars of Employment:

6.1 Designation: 6.2 Place of work:

………………………… ……………………….

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6.3 Recommendation of the Head of the Institute, where the applicant is employed.

Full time leave can be granted throughout the research project.

(Yes/No) ……………. (give reasons if not recommended)

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Date Signature of Head of Institute/

Department

1. Particulars of Academic Qualifications :

**(Please attach** c**ertified copies of the Degree Certificates)**

***\* Please arrange to have transcript/s sent to the Assistant Registrar / Council & Academic Division,***

***University of Peradeniya***

University Degree/Diploma Year Faculty Subject/s Class GPA

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1. Other Qualifications: ***(Please attach additional papers if necessary)***

**N.B. *You must attach copies of supporting documents.***

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1. Academic distinctions (prizes, medals, scholarships, etc.): ***(Attach additional papers if necessary)***

**N.B. *You must attach copies of supporting documents***

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1. Publications: ***(Attach additional papers if necessary)***

**N.B. *You must attach copies of supporting documents.***

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1. Extracurricular activities: ***(Attach additional papers if necessary)***

**N.B. *You must attach copies of supporting documents.***

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1. Previous work experience (if any):

**N.B. *You must attach copies of supporting documents.***

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| Ph.D. | M.Phil |
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1. Particulars of the Postgraduate Program:
   1. Proposed Program of Study :
   2. Faculty c. Department/Board of Study
   3. Title and brief statement of proposed study: (Please attach an abstract of 500 words)

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* 1. If you are already registered for a postgraduate program of this University, please give the following particulars.
     1. Program of Study: …………………………………………………
     2. Year of Registration:………………………………………………..
     3. Registration No. ……………………………………………………

I do hereby certify that the particulars furnished by me in this application are true and correct. In the event of my application for the fellowship is accepted, I shall abide by the rules and regulations governing the fellowship.

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Date Signature of Applicant

1. Recommendations:

14.1 Supervisor : Please give a brief statement on the suitability of the applicant

and the importance of the proposed study.

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Date Signature 14.2 Recommendation of the Head of the Department/Chairman of the Board of Study

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……………………. ….…………………

Date Signature

14.3 Recommendation of the Dean of the Faculty/Director of the PG Institute

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…………………… ….………………… Date Signature

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**Date of receipt of the Application by Council & Academic Division**

***(Date stamp here)***