



6. Address for correspondence: (Home/ Official):  
(Course coordinator should be informed immediately of any changes in contact details)

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.....

7. i) Date of Birth:...../...../.....

8. i) Nationality:..... ii) Gender: Male/ Female

9. i) Present Employment (Designation & Province):

.....

ii) Name and Address of the employer:

.....  
.....  
.....

10. Employment record:

i) Years of Experience (Government).....

ii) Years of Experience (Private).....

11. Approval of the current employer for the candidate to follow the MVSc Degree programme.

The MVSc candidate Dr..... can be released from duties on Fridays and Weekends to follow the course for the period of .....

..... Date:.....  
Signature of the Authorizing Officer

Name of the Authorizing Officer:.....

Designation:.....

Address:.....

.....

Email: .....

Contact No: .....

12. Declaration:

I hereby declare that particulars provided by me in this application are true and accurate to the best of my knowledge. In the event of my being selected for the programme of study I have applied for, I hereby agree to abide by such regulations of the degree programme as applicable to me.

.....

Signature of Applicant

Date: .....

**Completed application should be signed and sent electronically or by Registered Post to:**

**Dr. Basil Alexander, Course Director (MVSc, Animal Reproduction)  
Department of Farm Animal Production and Health,  
Faculty of Veterinary Medicine and Animal Science,  
University of Peradeniya.**

**Email: [mvscrepro@gmail.com](mailto:mvscrepro@gmail.com)**

**Telephone: 0773782141**

For office use only

Date of the Application Received:.....

Reference No:.....