Reg. No.(For office use only)

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| **MASTER OF VETERINARY SCIENCE (MVSC) IN ANIMAL REPRODUCTION (THERIOGENOLOGY)**  **DEPARTMENT OF FARM ANIMAL PRODUCTION AND HEALTH FACULTY OF VETERINARY MEDICINE & ANIMAL SCIENCE**  **UNIVERSITY OF PERADENIYA** | | |
|  | APPLICATION FOR ADMISSIONS – 2021 | Please affix 4cm x 3cm color |
|  |  | photograph |
|  |  | (Background |
|  |  | should be Sky |
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| **IMPORTANT:** |  |  |
| **Veterinarians of the Government, Corporations or Private Enterprises should submit their applications through the respective Provincial Directorate/ Director General/ Head of the Institute/ Corporation Board or Enterprise.**  **Incomplete applications in any respect will be rejected.** | | |

1. Course Applying for : i) MVSc by Course work (1 year) (Select one out of the two)

ii) MVSc by Coursework & Research (2 years)

1. National ID/Passport No:

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1. Name in Full (In block letters):

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1. Home address:

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Telephone : …………………………… Mobile :…..………………………………… Personal email: …………………………………………………………………………..

1. Official address:

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……………………………………………………………………………………………… Telephone :………………………………… Email:……………………………………..

1. 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:…../…../………

1. i) Nationality:……………………… ii) Gender: Male/ Female
2. i) Present Employment (Designation & Province):

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ii) Name and Address of the employer:

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1. Employment record:
   1. Years of Experience (Government)……………………….
   2. Years of Experience (Private)……………………………..
2. 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

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

Name of the Authorizing Officer:..............................................................................

Designation:.............................................................................................................

Addres:.....................................................................................................................

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Contact No: .............................................

Date: ..............................

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Signature of Applicant

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.

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

**Prof. Basil Alexander, Program Coordinator (MVSc, Animal Reproduction) Department of Farm Animal Production and Health, Faculty of Veterinary Medicine and Animal Science,**

**University of Peradeniya.**

**Email:** [**mvscrepro@gmail.com Telephone: 0773782141**](mailto:mvscrepro@gmail.com)

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Date of the Application Received:……………………………… Reference No:………………………………………………………