FACULTY OF VETERINARY MEDICINE & ANIMAL SCIENCE

UNIVERSITY OF PERADENIYA

PERADENIYA, SRI LANKA

**APPLICATION FOR ADMISSION TO MPhil/ PhD PROGRAMME**

**NOTES:** All entries should be typewritten.

All transcripts and reference letters should be sent to Assistant Registrar, Faculty of Veterinary Medicine & Animal Science, University of Peradeniya, Peradeniya, Sri Lanka.

Completed application form should be submitted to the Assistant Registrar and a soft copy (without signatures) should be emailed to: [vpeu@vet.pdn.ac.lk](mailto:vpeu@vet.pdn.ac.lk)

For further clarification please refer the Postgraduate Handbook of Faculty of Veterinary Medicine & Animal Science and the rules & Regulations for Higher Degrees and Diploma Programmes in the University of Peradeniya.

All employees (including temporary/ contract employees) of Government Departments, Corporations and Statutory Bodies should submit their application through the respective Heads of Departments/Corporations/Statutory Bodies.

**1. PERSONAL DATA**

|  |  |
| --- | --- |
| Title | (Rev/Dr/Mr/Mrs/Miss) |
| Full Name |  |
| Gender |  |
| Date of Birth |  |
| Citizenship |  |
| NIC/Passport number |  |
| Permanent address |  |
| Contact Address |  |
| Telephone number |  |
| Email address |  |

**2. ACADEMIC HISTORY**

(List your qualification in reverse chronological order. (Add/delete rows as necessary)

|  |  |  |  |
| --- | --- | --- | --- |
| University/ Institute | Name of the Degree/ Diploma with relevant specialty (if any) | Effective date | Grade/Class/Final GPA (if available) |
|  |  |  |  |
|  |  |  |  |

**3. RESEARCH EXPOSURE:**

A) Publications (Attach copies):

B) Relevant Work/ Volunteer Experience (Attach letter from immediate supervisor/s):

**4. OTHER ACHIEVEMENTS:**

(List any fellowships, scholarships, awards, membership in professional bodies etc. in reverse chronological order. Attach documentary evidence)

**5. EMPLOYMENT HISTORY**

(If applicable include all employment (including temporary/ contract employment) and voluntary work in reverse chronological order. Add/delete rows as necessary)

|  |  |
| --- | --- |
| Employer/ voluntary work institution | Job title and brief description of your duties |
|  |  |
|  |  |
|  |  |

**6. PROPOSED STUDY PROGRAMME:**

|  |  |
| --- | --- |
| Degree Applied for | MPhil/PhD (delete what in not applicable) |
| Proposed Board of Study |  |
| Mode of registration requested | Full-time/ Part-time (delete what in not applicable) |
| Principal Supervisor |  |
| Field of Study | (it is recommended that at least 50% of candidates work is in this field) |
| Tentative title of the research proposal |  |
| Financial or other support available |  |

**7. DECLARATION OF THE APPLICANT**

I certify that all of the information provided in this application and supporting documents are authentic and I agree to abide by the rules and regulations of University of Peradeniya if this application is accepted.

|  |  |
| --- | --- |
| Signature of the Applicant |  |
| Date |  |

**8. DECLARATION OF THE PROSPECTIVE SUPERVISOR/S**

I/We agree to supervise this applicant for the programme of study mentioned in this application. I/We hereby declare that to the best of my/our knowledge and belief that neither I/We nor my/our spouse/s, partner/s, immediate family member/s or close relative/s have any interest which might conflict or be perceived to conflict with my duties as a supervisor of this candidate.

|  |  |  |
| --- | --- | --- |
| Principal Supervisor | Official Address | Signature & Date |
|  |  |  |
| Co-Supervisors (add/ delete rows as necessary) | | |
|  |  |  |
|  |  |  |

**9. DECLARATION OF EMPLOYER**

(To be completed by the Head of Department/Corporation/Statutory Body if the applicant is an employee of a Government Department/Corporation/Statutory Body)

I hereby certify that if selected, the applicant will be released from official duties with pay/no pay for the full period of study on fulltime/ part time basis (delete what in not applicable).

|  |  |
| --- | --- |
| Name & Designation of the Employer |  |
| Signature of the Employer |  |
| Date |  |

**10. DOCUMENTS CHECK LIST:**

(please tick)

|  |  |
| --- | --- |
| Birth Certificate (copy)\* |  |
| NIC/ Passport (copy)\* |  |
| Degree/Diploma certificate/s (copies)\* |  |
| Curriculum vitae |  |
| Transcripts ordered |  |
| Research Proposal: 03 hard copies and 01 soft copy (on CD/DVD) |  |
| Two letters of recommendation in sealed envelopes  Referees may send letters directly to Assistant Registrar  At least one letter should be from the applicant’s previous Academic or Research Supervisor/Mentor  Letters from proposed MPhil/PhD supervisors are not acceptable |  |
| Copies of publications (if applicable) |  |
| Letters of support for work/ research experience (if applicable) |  |
| Copies of fellowships, scholarships, awards, membership in professional bodies etc. (if applicable) |  |
| Payment of the non-refundable processing fee (copy of shroff receipt/bank slip/ online transfer confirmation)  Payment instructions:  Bank details: Bank of Ceylon - Acc No: 0001274694  Shroff/UoP details: Ledger Acc No: 11.01.01.16.02  Indicate your name and NIC/ Passport number in the bank slip or paying voucher |  |

\*Originals must be produced before the registration is finalized

**FOR OFFICE USE ONLY**

Candidate: Principal Supervisor: Degree:

**11. OBSERVATIONS OF THE ASSISTANT REGISTRAR**

Application is in order/not in order and recommended for Full/Part time registration.

Remarks (if any):

……………………………… .………………………………………………………

Date Signature of the SAR/AR

**12. RECOMMENDATION OF THE CHAIR OF THE BOARD OF STUDY/ HEAD OF THE DEPARTMENT**

Field of study/subject proposed for the thesis recommended/not recommended.

Remarks (if any):

……………………………… .………………………………………………………

Date Signature of the Chair of the Board of Study/ Head of the Department

**13. RECOMMENDATION OF THE HIGHER DEGREES COMMITTEE**

Recommended for Full/Part time Registration / Not Recommended.

Effective date of Registration:

Other observations (if any):

Meeting No. Minute No.

……………………………… .………………………………………………………

Date Signature of the Chairperson

**14. APPROVAL OF THE FACULTY BOARD**

Registration Approved/Not Approved.

Other observations if any:

Meeting No. Minute No.

……………………………… .………………………………………………………

Date Signature of the Dean