

For office use only	For	office	use	only
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Application No: 2018/EMBA/.....

POSTGRADUATE & MID-CAREER DEVELOPMENT UNIT

FACULTY OF MANAGEMENT & FINANCE UNIVERSITY OF COLOMBO

Application for Executive Master of Business Administration (EMBA) Programm - 2018/2020

Instructions to Applicants

1. Personal

- All sections in this application must be completed fully and accurately. Incomplete applications and / or curriculum vitae in lieu of application will not be accepted.
- Use extra papers, if necessary, to furnish additional information. Please attach copies of
 educational/ professional certificates and service certificates obtained from employers for
 adequate proof of experience.

1.1. Name in Full: Rev./Dr./ Mr. /Ms./ (Use Block Letters)				
1.2. Name with Initials:				
1.3. Contact Details:				
		Residence	Office	
Address				
Contact	Telephone			
	Mobile			
E-mail				

2.1. Academic Q	alifications (Attach photocopies of relevant certificates)				
University	Period	Main subject Specialization		na/Degree ss	Month & Yea
2.2. Professional	Qualifications (A	ttach photocopies	of relevant ce	rtificates)	Т
Institution	Period	Field of stud Training	y/ Quali	fication	Month & Yea
2.3. Work Exper	ience* (Attach pho	otocopies of service	e certificates	and/or evic	lonco
for Managerial, Entr	repreneurial, Consi	ultancy experience			
Organization Period of service From To No.		No. of years	Pos	sition held	
	Prom	10	vo. or years		

Date Month...... Year Age......

1.4. N IC/Passport No.

1.5. Date of Birth:

	Differry desc	cribe the nature and respons	sibilities of your current position:
•••••			
2.5.	Career Asp	irations•	
4.3.	Carcer Asp.	nauons.	
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2.6.	Managama	nt Training.	
2.0.	Managemen	nt Training:	
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Fundi	ng		
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	_	cing your EMBA Programn	ne
3.1.	Mode of finan		
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3.1. Priva 3.2. Reas	Mode of finan ate □ If sponsored, 1 ons for Select	Sponsored □ by whom? eting the EMBA	Undecided □
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 List other information including your p may be useful to the Admission Commit 	
I am prepared to abide by the rules and regulation that the above particulars given by me are true and	s of the University of Colombo, Sri Lanka. I certify accurate to the best of my knowledge and am aware e rejection of application or revoking of acceptance ill be rejected.
Date :	Signature of Applicant:
Duly completed application form to be returned to:	
Unit Coordinator Postgraduate & Mid-career Development Unit Faculty of Management & Finance University of Colombo. Colombo 03. SRI LANKA.	
E mail: emba.office@pgmcdu.cmg.ac.lk	
Tel: +94-112 -596030 / +94 -11-2055617	
Fax: +94-11-2598324	
website: www.mgmt.cmb.ac.lk	
For office use only	
Academic Qualification	
Professional Qualification	
Work experience	
Other Qualifications	
Recommendation of the selection committee:	
Accepted	
Rejected	
QEC	Signature:
	Date: