



For office use only

Application No:
2015/.....

**FACULTY OF MANAGEMENT & FINANCE
UNIVERSITY OF COLOMBO**

Application for MBA Weekday Programme
(Two-year programme 2015/2017)

1. Instructions to Applicants

- 1.1 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.

- 1.2 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.

2. PERSONAL

2.1 Name in Full : Rev./Dr./ Mr. /Ms./
(Use Block Letters)

2.2 Name with Initials:
.....

2.3 Contact Details:

		Residence	Office
Address			
Telephone	Land		
	Mobile		
E - mail			

2.4 N IC/Passport No.

2.5 Date of Birth :Day Month Year Age

2.6 Sex : (Please tick ' · ') Male Female

3. Academic Qualifications *(Attach photocopies of relevant certificates)*

University	Period	Main subject/ Specialization	Degree & Class	Month & Year

4. Professional Qualifications *(Attach photocopies of relevant certificates)*

Institution	Period	Field of study/ Training	Qualification	Month & Year

5. Work Experience* *(Attach photocopies of service certificates and/or evidence for Managerial, Entrepreneurial, Consultancy experience)*

Organization	Period of service			Position held
	From	To	No. of years	

* Start with your present employment

6. Briefly describe the nature and responsibilities of your current position:

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7. Career Aspirations

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8. Management Training

(Briefly describe any management training you have obtained, including short-term courses, workshops etc. and attach the certificates of those, if any)

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9. Funding

a. Mode of financing your MBA Programme

Private

Sponsored

Undecided

b. If sponsored, by whom?

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10. Reasons for Reading for an MBA

(Briefly describe the reasons why you wish to enroll in the MBA-IB programme at the Faculty of Management & Finance, University of Colombo)

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11. List other information including your personal/career interests, which you feel, may be useful to the Admission Committee in the evaluation of your application

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I am prepared to abide by the rules and regulations of the University of Colombo, Sri Lanka. I certify that the above particulars given by me are true and accurate to the best of my knowledge and am aware that misrepresentation in the application will cause rejection of application or revoking of acceptance for admission and that an incomplete application will 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 : uoc.mbaib@gmail.com

Tel: +94-112 -596030 / +94 -11-2055617 / +94 - 777-202530

Fax: +94-11-2055617

website: www.mgmt.cmb.ac.lk

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Academic Qualification	<input type="checkbox"/>
Professional Qualification	<input type="checkbox"/>
Work experience	<input type="checkbox"/>
Other Qualifications	<input type="checkbox"/>
Recommendation of the selection committee :	
Accepted	<input type="checkbox"/>
Rejected	<input type="checkbox"/>
QEC	<input type="checkbox"/>

Signature:.....

Date :.....