



POSTGRADUATE INSTITUTE OF SCIENCE (PGIS)
UNIVERSITY OF PERADENIYA

**Application for Admission to the Postgraduate Diploma Programme in
Science Education**

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| For Office Use Only |
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When submitting, the application forms should accompany a processing fee of Rs. 2000/- (payable by money order/cash)

Please select (✓) one of the following areas of specialization.

- Biology Education**
 Chemistry Education
 Mathematics Education
 Physics Education

FULL NAME: (Mr./Miss/Mrs./)
(Please write in capitals)

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| MAILING ADDRESS: | Phone: Fax: E-mail: |
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|---------------------------------------|--------------|
| HOME ADDRESS: | Phone: |
|---------------------------------------|--------------|

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| DATE AND PLACE OF BIRTH: CIVIL STATUS:..... SEX (M/F): | CITIZENSHIP: NATIONAL ID NO.: |
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CURRENT EMPLOYMENT (If applicable):

DESIGNATION & ADDRESS:

NATURE OF DUTIES PERFORMED:

YEARS OF SERVICE:

NAME & DESIGNATION OF EMPLOYER:

EDUCATIONAL QUALIFICATIONS (including postgraduate qualification/experience):
Please attach photocopies of certificate/s.

| University/Institute | Degree/Diploma etc. | Year | Class/grade |
|----------------------|---------------------|------|-------------|
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RESEARCH PUBLICATIONS (If any):
 (If necessary attach a separate sheet)

TEACHING AND OTHER PROFESSIONAL EXPERIENCE SINCE GRADUATION:

| Period | | School/Institute | Subjects Taught |
|--------|----|------------------|-----------------|
| From | To | | |
| | | | |

MODE OF PAYMENT OF PROGRAMME FEE:
 From personal funds / By employer / Other (Specify)

NAMES AND ADDRESSES OF TWO ACADEMIC REFEREES :
 (Preferably a School Principal/Director of Education/University Teacher)
 Please arrange for reports to be sent before the deadline for receipt of completed applications, to: **Director, Postgraduate Institute of Science, P O Box 25, University of Peradeniya** (Relevant forms are annexed).

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I declare that the particulars given above are correct to the best of my knowledge and that I am currently **NOT** following any other postgraduate programmes in the PGIS.

Date: _____ Signature of Applicant:

Note: Students enrolled for a postgraduate programme at the PGIS should not register and follow any other postgraduate programme at the PGIS, until he/she complete the degree or cancel registration.

AVAILABILITY OF STUDY LEAVE (applicable to those who are employed):
 State whether you are entitled to study leave for the period specified.

RECOMMENDATION OF THE HEAD OF THE INSTITUTION:

Mr./Ms. is a teacher/educator presently attached to my school/institute. He/she has been teaching (subject) for the last years.

If Mr./Miss/Mrs. is selected for the above programme he/she would be/ not be released on full/part-time basis.

.....
 Signature of Head of the Institution/the School Principal

Name: Designation.....

Date:..... Official Stamp: