**EASTERN UNIVERSITY, SRI LANKA**

For office use only

Application No:……

Date:………………..

**FACULTY OF GRADUATE STUDIES**

**MASTER OF DEVELOPMENT ECONOMICS (MDE) PROGRAMME**

 **APPLICATION FORM FOR ACADEMI YEAR - 2025/26**

|  |
| --- |
| 1. **Personal Information**
 |
| * 1. Name in Full :

(Rev./Dr./Mr./Mrs./Miss.)*(Use block letter)** 1. Name with initial/s :
	2. Date of Birth : 1. 1.4 Age :
	3. Sex : Male Female 1.6 Civil Status: Single Married
	4. Nationality :
	5. N.I.C/Passport No. :
	6. a. Residential Address:

b. Office Address : c. Postal Address :  |
| * 1. a. Residential Phone No. :

 b. Mobile Phone No. : c. Office Phone No. :  d. Fax No. : e. Email Address :  |
| 1. **Academic Qualifications** *(Attach photocopies of the relevant certificates)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **University/ Institute**  | **Period** | **Main Subjects/****Specialization** | **Degree & Class** | **Month & Year** |
|  |  |  |  |  |

 |
| 1. **Professional Qualifications** *(Attach photocopies of the relevant certificates)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Institute** | **Period** | **Field of Study / Training** | **Qualification** | **Month & Year** |
|  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Work Experience**

|  |  |  |
| --- | --- | --- |
| **Organization** | **Period of Service** | **Position Held** |
|  | **From** | **To**  | **No. of Years** |
|  |  |  |  |  |

 |

 **\**Start with your present employment***

1. **Research Details :**

Whether involved in any Research work? Yes No

If yes, Institution:………………………………………………………………………………………………………..………..………

Project Name/ Title :…………………………………………………………………………………………..…………………..

 ………………………………………………………………………………………………………………..

Duration :…………………………………………………………………………………………………………….……………

*(if you have involved in more than on research work, please give the details in a separate sheet)*

1. **Publication/s:** *(list out your publications with title,* ***name*** *of* ***the journal, year*** *of publications etc.)* ....................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................

*(Please annex separate sheet if this space is insufficient)*

1. **Funding *(Mode of Financing for the MDE Programme)*:**

Self Financing Sponsored Undecided

If sponsored, by whom?.......................................................................................................................

1. **Reasons for pursuing the MDE Programme :**

*(Briefly describe why you wish to enroll in the MDE Programme at the Faculty of Graduate Studies, Eastern University, Sri Lanka)* ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..……

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

I certify that the above particulars given by me are true and accurate to the best of my knowledge and aware that misrepresentation in the application will cause rejection of the application or revoking of acceptance for admission and that an incomplete application will be rejected.

Date:……………………… Signature of the Applicant:…………………………………….

**10.** **To be completed by Present Employer (if any):**

I hereby certify that Rev./Dr./Mr./Ms………………………………………………………………………………………………… is employed as ...................................……………………………………………… with effect from ……………………………………………………………………..

Recommended and forwarded

Name:………………………………………………… Designation:…….…………………………………………….

Date:………………………………………….………. Signature of Employer:………………………………….

 (Official Rubber Stamp)

 **Note:**

Duly completed application form along with relevant documents and two self-addressed envelopes are to be sent by registered post to the following address:

**The Senior Assistant Registrar,**

**Faculty of Graduate Studies,**

**Eastern University, Sri Lanka,**

**Vantharumoolai,**

**Chenkalady,**

 For Contacts:

 Coordinator: 0776688008

SAR, FGS 0652240972 sar\_fgs@esn.ac.lk & fgs@esn.ac.lk