



**Department of Physics  
University of Colombo**

**Application for the Admission to M.Sc. /Postgraduate Diploma Programmes  
2007**

NAME OF THE PROGRAMME:		
<input type="checkbox"/> Applied Electronics	<input type="checkbox"/> Atmospheric Physics, Dynamical Meteorology and Natural Disaster Preparedness	
FULL NAME (Mr./Mrs./Miss/.....) .....		
.....		
PERMANENT ADDRESS: .....		
.....		
.....		
PHONE: .....	FAX: .....	EMAIL: .....
MAILING ADDRESS AND CONTACT NUMBER: .....		
.....		
.....		
DATE OF BIRTH: .....	SEX: . <input type="checkbox"/> Male. <input type="checkbox"/> Female	
CITIZENSHIP: .....	NATIONAL ID NO: .....	
CURRENT EMPLOYMENT:		
DESIGNATION: .....		
NATURE OF DUTIES PERFORMED: .....		
.....		
OFFICE ADDRESS: .....		
.....		
.....		
PHONE: .....	FAX: .....	EMAIL: .....

EDUCATIONAL QUALIFICATIONS: (Please attach photocopies of certificates)				
Degree/Diploma	University/Institute	year	Class/Grade	subjects
EXPERIENCE IN THE RELEVANT FIELD: (Write the designation, nature of work and no. of years for each appointment held)				
ACADEMIC REFEREES: (Provide names and addresses of two non-related referees.)				
1.		2.		
INFORMATION ABOUT ANY OTHER STUDY PROGRAMS: If you are currently registered for any other study program at University of Colombo or any other institution, please give details below.				
I certify that the information furnished by me above is true and accurate to the best of my knowledge and I am prepared to abide by the rules and regulations governing the registration and awarding of M.Sc./Postgraduate Diploma of the University of Colombo.				
.....		.....		
Signature of the Applicant		Date		

Duly completed application form together with a paying-in-voucher for Rs. 500/= paid to the University of Colombo, Account No. 086-100121189662 (This fee also can be paid to the shroff counter, University of Colombo before 3.00 p.m. on week days) should be sent to the Senior Assistant Registrar, Faculty of Science, University of Colombo, Colombo 3, on or before **14th September 2007**.

**PAYING IN VOUCHER - Student Copy**

(This form should be completed in ink/pen)

A No

**Project Management & Accounting Unit  
University of Colombo**  
Cumaramanga Munnassa Mawatha, Colombo - 03.

**THE PEOPLES BANK** ..... Branch  
Instructions to Banks : Please do not accept unless the cage below is **COMPLETED**.  
For credit of Collection Account No. 086-100 121189662  
Peoples Bank, Thimbirigasyaya Branch, Colombo - 5.

1. Depositor's Full Name (in block letters) : Rev/Mr/Mrs/Miss .....

2. Address : .....

3. Occupation : .....

4. Name of Extension Course : .....

5. Year of Course : .....

6. Course Code : .....

	Rs.	Cts.
1. Application / Registration Fee		
2. Course/Tuition Fee		
3. Library / Deposit		
4. Examination Fee		
5. Other Payment (State Particulars)		
6. ....		
<b>TOTAL RS.</b>		

Total (in words) Rupees : .....

Date : .....  
Depositor's Signature .....  
Received in cash the above sum for credit of the University of Colombo  
Collection Account No. 086-100 121189662

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5. Other Payment (State Particulars)		
6. ....		
<b>TOTAL RS.</b>		

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