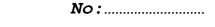
Closing Date for Application: 29/11/2024

01. (a) Name in Full (In English)





University of Jaffna, Sri Lanka Faculty of Graduate Studies

Application for Master of Public Administration (Batch IV)

			(In Tamil) :							
			Rev./Mr.,	/Mrs./Miss. ((Delete whichever inapplicable)						
	(b)	Nam	e with initials	:							
02.	(a)	Perm	nanent Address	:							
	(b)	Posta	al/Correspondence	Address :							
	(c)	Telep	ohone Number	:							
	(d)	E-ma	ail Address	:							
03.	(a)	Date	of Birth	:							
	(b)	Citize	enship:		(c) Civil Status:						
	(d)	Sex:	ex: (e) NIC. No:								
04.	04 Madium in which professed to follow the course (English /Tamil):										
UT.	04 . Medium in which preferred to follow the course (English/Tamil):										
05.	05. (a) Academic Qualifications: (Copies of certificates should be attached with application)										
	Nam	e of	Name of the	Effective Date	General / Special	Class	Study Period				
the Degree		gree	University	of the Degre	e Subjects offered	obtained	From	То			

	Degrees / Diploma	s (Copies of	f certificates	should be atta	iched with
Application) Name of the	Name of the		Effective		
Degree/Diploma	University	Duration	Date	Grade / Class	Field of study
(c) Any other Educ	ational /Professiona	al Oualificati	ons: (Copies	of certificates sl	hould be attached
with application)	,	·			
with application					
06 . Have you regis	tered for a Postgrad	duate Degree	e or a Diplom	a or any other E	Examination in the
,	affna or any other U				
-	-	_			
If so, give full d	letails	:			
07 (a) Danie (A)	# - - - - -				
,	Most recent employ	ment :			
(b) Official Ad	dress	:			
(c) Date of fire	st appointment	:			
(d) Work Exp	erience (In years)	:			
(6)	()				
08. Employment	t History :				
	chronological orde	er with curre	ent / most re	cent employer	first)
Date (From / To)	Name and address	s of the 0	fficial Address	s and Posi	ition held & Duties
	employer		District		

09.	I do hereby certify that the information furnished herein are true and correct to the best of my knowledge. In the event of my application being accepted for registration for the above Degree, I am aware that I will be bound by the rules and regulations already made or that may hereafter be made governing the award of higher degrees of the University of Jaffna, Sri Lanka.							
		Recommendation of the Head of the Institution / Department						
	Designation :(Rubber Stamp)							
	Date: Signature of the Head of the Institution/Department							
For	Office Use							
	Application is recommended / not recommended							
	Senior Assistant Registrar / Graduate Studies Date							

A candidate who has registered for Postgraduate Degree / Diploma in this University or any other University is not eligible to register for any other postgraduate courses.