

HD-02

**APPLICATION FORM FOR ADMISSION FOR**

**DOCTOR OF SCIENCE (D.Sc.) DEGREE**

**Higher Degree Committee, Faculty of Medicine, University of Peradeniya**

Dean/Faculty of Medicine

University of Peradeniya For office use only

Peradeniya Sri Lanka

APPLICATION FOR THE AWARD OF D.Sc DEGREES

*Note:*

*Two copies of the completed application forms should be sent. All entries should be typewritten.*

*For further clarification please refer the Rules & Regulations pertaining to the D.Sc. degree.*

 **1. PERSONAL DATA**

Title: Rev/Prof./Dr/Mr./Miss (Use capital letters)

Surname:

Other names:

Full name:

## Address (Home):

Address (Office):

## Date of birth: Citizenship: Sex:

Contact (Mobile): Contact (Office):

E.mail:

Present employment (if any):

**2. ACADEMIC DATA**

Have you previously attended the University of Peradeniya? Yes / No

If yes,

 Degree / diploma Registration number Awarded year

2.

3.

### **3. ACADEMIC QUALIFICATIONS OBTAINED**

## University / Institute Name of the Degree/ Awarded year Grade / Class etc.

 Diploma with subjects

1.

2.

3.

Field of Research:

Specific Area/s of the Field of Research under which the Degree is sought:

The period in which you were engaged in research in the specific area/s:

Please list the contributions you have made in chronological order in the specific area/s of research in which the degree is sought.

**4. OTHER QUALIFICATIONS**

(fellowships, scholarships, awards, membership in professional bodies and other contributions, if any)

**5. ANY OTHER RELEVANT INFORMATION**

*(Please provide any other relevant information related to proposed higher degree programme)*

**6. DOCUMENTS**

1. Two letters of recommendation (at least one

should be from the applicant’s academic tutor)

1. Copies of Degree/Diploma certificate/s)\*
2. Copy of Birth Certificate\*
3. List of all relevant material on which the

application is based

1. 3 self-addressed envelops (22 x 10 cm)

\*Originals have to be produced before registration of the candidate is finalized.

**7. DECLARATION OF THE APPLICANT**

I certify that all of the information provided above is correct and I agree to abide by and be subject to the regulations of the university if this application is accepted.

 …………………………… …………………………….

 Date Signature of the Applicant

**8. FOR OFFICE USE ONLY**

Application is in order/not in order.

Remarks, if any :

…………… ………………………………

 Date Signature of the Subject Clerk

**9. RECOMMENDATION OF THE FACULTY HIGHER**

**DEGREES COMMITTEE (FHDC)**

Acceptance of the application recommended/not recommended.

Other observations if any :

 Meeting No. Minute No.

…………… ….. ……………………………

 Date Signature of the Chairman/FHDC

**10. RECOMMENDATION OF THE FACULTY BOARD**

Recommendation of the FHDC approved/not approved.

Other observations if any :

Meeting No. Minute No.

 ……………………… ……………………………

 Date Signature of the Dean

**11. RECOMMENDATION OF THE SENATE HIGHER DEGREES COMMITTEE**

Recommendation of the FHDC approved/not approved.

Other observations if any :

Meeting No. Minute No.

………………. ………….………………………

 Date Signature of the Secretary/SHDC

**12. RECOMMENDATION OF THE SENATE**

Recommendation of the SHDC approved/not approved.

Application of following examiners approved :

Other observations if any :

Meeting No. Minute No.

 Date Signature of the Secretary/Senate