



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
use only
Peradeniya Sri Lanka

For office

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

- 1.
- 2.
- 3.

3. ACADEMIC QUALIFICATIONS OBTAINED

University / Institute
/ Class etc.

Name of the Degree/

Awarded year

Grade

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

- a. Two letters of recommendation (at least one should be from the applicant’s academic tutor)
- b. Copies of Degree/Diploma certificate/s)*
- c. Copy of Birth Certificate*
- d. List of all relevant material on which the application is based
- e. 3 self-addressed envelopes (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