



HD-01

**APPLICATION FOR REGISTRATION FOR A HIGHER DEGREE
PROGRAMME
MPhil, Ph.D., DM
Higher Degree Committee, Faculty of Medicine, University of Peradeniya**

Dean, Faculty of Medicine
University of Peradeniya

Date

.....
Peradeniya, Sri Lanka

For office use only

Note: Two copies of the completed application forms should be sent. All entries should be typewritten. For further clarification please refer the Hand book of Rules & Regulations for Higher degrees.

Employees of Government Departments or Corporations should submit their applications through the respective Heads of Departments or Corporations.

1. PERSONAL DATA

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

Surname :

Other names :

Full name :

Address (home):

Address (office):

Contact number (Mobile):

(Home):

Office:

E.mail:

Date of birth:

Citizenship:

Sex:

Present employment: (if any)

Nature of the present employment: Full time / Part time

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.

4. RESEARCH PUBLICATIONS / EXPERIENCE

(Use additional sheets if necessary)

Research publications in SCI journals

Research publications in non SCI journals

Published abstracts in conference proceedings

Research experience

Research skills

5. OTHER ACHIEVEMENTS

(fellowships, scholarships, research awards, membership in professional bodies etc.)
(Use additional sheets if necessary)

6. DETAILS OF THE PROPOSED HIGHER DEGREE PROGRAMME

Degree Applied for: MPhil / Ph.D. / DM

Faculty:

Department:

Field of Study:

Tentative title of the thesis:

Financial, infrastructure, laboratory and other supports available:

Please provide three copies of detailed project proposal. Follow the guidelines for the preparation of project proposal.

7. DETAILS OF REGISTRATION

Mode of registration: Full time / Part time

Have you previously applied for admission to this programme? Yes / No

If YES, give details:

Are you registered for another Degree / Diploma at University of Peradeniya or any other university? Yes / No

If YES, give details:

8. ANY OTHER RELEVANT INFORMATION

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

9. DECLARATION OF THE APPLICANT

I have instructed the Registrar of
(University/Institute)..... to
send my academic transcript direct to the office of the Dean, Faculty of Medicine,
University of Peradeniya.

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

10. DECLARATION OF THE EMPLOYER

*(To be completed by the Head of the Department/Corporation of the applicant if the
applicant is an employee of a Government Department/Corporation)*

I hereby certify that if selected, the applicant will be released for the above mentioned
degree programme.

.....

Date

Employer

.....

Signature of the

(Name, designation and seal)

11. DECLARATION OF THE SUPERVISOR/S

This is to certify that I/We agree to supervise this applicant for the programme of
study mentioned in this application.

I/we certify that I/we have read and I/we satisfied with the scientific quality and the
veracity of the contents of this proposal for the programme of study. *(Please submit
brief CVs of supervisors)*

Principal supervisor

Name:

Address:

Contact number:

E.mail:

Signature:

Date

Co-supervisor 1

Name:

Address:

Contact number:

E.mail:

Signature

Date

Co-supervisor 2

Name:

Address:

Contact number:

E.mail:

Signature

Date

Co-supervisor 3

Name:

Address:

Contact number:

E.mail:

Signature

Date

12. DOCUMENTS CHECKLIST

(For office use only)

- a. Two letters of recommendation (at least one should be from the applicant's academic tutor)
- b. Copies of Degree/Diploma certificate/s*
- c. Documents in supports of other degrees
- d. Copy of Birth Certificate*
- e. Ethical Clearance Certificate
- f. Three copies of the project proposal
- g. CV of the candidate
- h. Brief CVs of Supervisors

- i. Invoices of payment of fees
- j. Three recent passport size photographs
- k. Three self- addressed envelopes (22 x 10 cm)

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

13. FOR OFFICE USE ONLY

Application is in order/not in order.
Remarks. If any:

Eligibility for registration under regulation no. 3 of Rules and Regulations for Higher Degrees.

Full Time Registrant:

☐

Part Time Registrant:

☐

.....
Date

.....
Signature of the Subject Clerk

To Head /Department of.....

All requirements fulfilled. Please be so good as to complete SECTION 14 and return to me on or before

Remarks if any:

.....
Date

.....
Signature of the Senior/Asst. Registrar

14. RECOMMENDATIONS OF THE HEAD OF THE DEPARTMENT

a) Field of study/subject proposed for the higher degree is approved/not approved.
Remarks if any:

b) Degree:

c) Supervisor/s/Co- supervisor/s:

Remarks if any:

d) Other observations, if any:

Remarks if any:

.....

Date

.....

Signature of the Head/Dept.

15. RECOMMENDATION OF THE FACULTY HIGHER DEGREES COMMITTEE (HDC)

Registration: recommended/not recommended

Other observations if any:

Meeting No:

Minute No.

.....

Date

.....

Signature of the Senior/Asst. Registrar

16. APPROVAL OF THE FACULTY BOARD

Registration approved/not approved

Other observations if any:

Meeting No.

Minute No.

.....

Date

.....

Signature of the Senior/Asst. Registrar