



University of Jaffna, Sri Lanka
Faculty of Graduate Studies

*Application for Master of Science in Health Management
2023/2025 – (Batch III)*

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

(In Tamil) :

Rev./Mr./Mrs./Miss. (Delete whichever inapplicable)

(b) Name with initials :

02. (a) Permanent Address :

(b) Postal/Correspondence Address :

(c) Telephone Number (if any) :

(d) E-mail Address :

03. (a) Date of Birth :

(b) Citizenship:.....(c) Civil Status:.....-

(d) Sex:..... (e) NIC. No:.....

04. (a) **Academic Qualifications: (Copy of certificate should be attached with application)**

Name of the Degree	Name of the University	Effective Date of the Degree	General / Special Subjects offered	Class obtained	Study Period	
					From	To

(b) Postgraduate Degrees / Diplomas (Copies of certificates should be attached with application)

Name of the Degree/Diploma	Name of the University	Duration	Effective Date	Grade / Class	Field of study

(c) Any other Educational /Professional Qualifications: (Copies of certificates should be attached with application)

05. Have you registered for a Postgraduate Degree or a Diploma or any other Examination in the University of Jaffna or any other University?

If so, give full details :

06. (a) Present/ Most recent employment :

(b) Official Address :

(c) Date of first appointment :

(d) Work Experience (In years) :

07. Employment History :

(Please list in chronological order with current / most recent employer first)

Date (From / To)	Name and address of the employer	Official Address and District	Position held & Duties

08. Any other relevant information :

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.

Date :

Signature of the Applicant

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

.....
Assistant Registrar / Graduate Studies

.....
Date

Note: ☞ **In completed applications will be rejected**

☞ **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.**