MASTER OF HISTORY PROGRAME 2025/2026 DEPARTMENT OF HISTORY FACULTY OF ARTS UNIVERSITY OF COLOMBO

1. Name of the Candidate:		
NAME IN FULL (Underline the Last Name)		
NAME WITH INITIALS		
2. Date of Birth:	3.NIC:	4. Gender:
D M Y 5. Nationality: 6. Civil Status:		M F
7. Corresponding address:		
8. Contact Information:		
Land Line		
Mobile		
E-mail		

University	Degree	Degree received date	Class	
). Professional Quali	fication with full details:			
Qualifications	University/Institute	Duration of the Course	Date of Award	
1. Work Experience:				
Nature of Work	Name and address of the	From	То	
	employer			

9. Educational Qualifications:

12. Medium						
12. Medium Sinhala						
English						

13. Other Qualifications:	
Please paste the bank slip of the paid application fee (Rs	3,000/-) here:
I certify that the above particulars given by me are tru prepared to abide by the rules and regulations of the Ma Colombo, Sri Lanka.	
Date: / 2025	
	Signature
A duly completed application form should be sent t University of Colombo. Please note that at the interview certificates to prove your educational qualifications.	•

FOR OFFICE USE ONLY

Academic Qualifications:	
Professional Qualifications:	
Other Experience:	
Qualified for the Programme:	
Recommendation of the selection Committee:	

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