



අධනපන, උසස් අධනපන සහ වෘත්තීය අධනපන අමාතනාංශය கல்வி, உயர் கல்வி மற்றும் தொழிற் கல்வி அமைச்சு MINISTRY OF EDUCATION, HIGHER EDUCATION AND VOCATIONAL EDUCATION



POSTGRADUATE INSTITUTE OF ENGLISH

THE OPEN UNIVERSITY OF SRI LANKA

POSTGRADUATE DIPLOMA IN BILINGUAL EDUCATION - 2025/26

	APPLICATION FORM - FOR MINISTRY OF EDUCATION SCHOLARSHIPS
1.	Personal Information - Write one character per space. Leave one blank after each word.
1.1	Title (Ven., Rev, Mr., Mrs., Miss, Ms. etc.) 1.2 Gender Male Female
1.3	Name with Initials (E.g. W.P.B. Perera)
1.4	Full name
1.5	Designation
1.6	NIC No: Date of Birth: Date of Bir
2.1	Name of the school/institution
2.2	1. Official address of the school/institution
2.2	Province Zone
2.3	E-mail
	(Mandatory) all important communication will only be sent to this email address) PLEASE WRITE CLEARLY and CORRECTLY
2.4	Contact Telephone Nos.
	Mobile 1 School/Institute School Institute
	Mobile 2 WhatsApp* Residence
2.5	*WhatsApp contact is very important since you might receive the message calling for the selection test via this number and/or email.
2.5	Address - Residence
2.6	Educational Qualifications
	2.6.1 Graduate teacher Yes No 2.6.2 Trained Teacher Yes No
	2.6.3 Other (please indicate)

3.		cessary informati		- Тот	11 English	Other (Diego amorify)
3.1	What is you	r first language?	Sinhala	a Tami	il English □ □ [Other (Please specify)
3.2	Please indicate	ate your proficiency	ability to w	ork in th	e following lang	guages
		Very good	Good	d	Fair	Not at all
	Sinhala					
	Tamil					
	English					
4. 4.1	University l	c Qualifications Education certified copies of cert	ificates or let			sults)
	Attachad	Convocation Certifi	· aata	Yes	s No	
		Detailed Certificate				
		results of the final ex				
	1 01000110	Tesums of me joven 2.	William Control			
4.1.1.	Please indic	ate details of the Bac	chelor's deg	gree		
	(i) Name of	of degree :				
	(ii) Mediur	m of the degree :	Englis	h 🗌	Sinhala	Tamil Other
	(iii) Name o	of the university:				
	(iv) Duratio	on: years	Fron	n:	to:	
	, ,	t of specialization (if				
	(vi) Class o	•	• •	•••••	••••••	
4.2	` /	have any postgradua		tione?	Yes /No	
4.2	(a) Do you i	llave ally posigradua	te quairreat	nons:	168/110	
	(b) If 'Yes',	, please give details				
	(i) Nam	ne of the degree/diplo	oma :			
	(ii) Nam	ne of the university	:			
	(iii) Duration: : From to:					to:
4.3.		lemic/Professional (certified copies of certified	-	ons		
N		Name of the	Durat		Subject of	C. 1:
Nam	ne of the Progran	m Institute	From	То	Specialization (if any):	Subjects offered

5.	Empl	loyment
----	------	---------

Please attach certified copies of employment records/service certificates to reflect the exact dates of appointment and termination of employment in each case.

Note: Please do not attach letters of appointment as proof of service

Name of the Institution	Designation	Subjects tought	Per	riod
	Designation	Subjects taught	From	То
Surrent place of work				
revious places of work				
		Total Service	Years	Month
	m Instruction). Please	lingual Education or teace attach the present times		
English (English Mediur	m Instruction). Please			
English (English Mediur show your involvement i	m Instruction). Please in BE/EMI.	e attach the present time		
English (English Mediur show your involvement i	m Instruction). Please in BE/EMI.	e attach the present time		
English (English Mediur show your involvement i	m Instruction). Please in BE/EMI.	e attach the present time		
English (English Mediur show your involvement i	m Instruction). Please in BE/EMI.	e attach the present time		
English (English Mediur show your involvement in Subject teach in English	m Instruction). Please in BE/EMI. Grade/s	Experience (MM/YY)		
English (English Mediur show your involvement in Subject teach in English	m Instruction). Please in BE/EMI. Grade/s	Experience (MM/YY)		
English (English Mediur show your involvement in Subject teach in English	m Instruction). Please in BE/EMI. Grade/s	Experience (MM/YY)		
English (English Mediur show your involvement in Subject teach in English	m Instruction). Please in BE/EMI. Grade/s	Experience (MM/YY)		

in to

Date:		Signature of Applicant
6.	Certification and Recommendation	n
6.1	Certification	
teache	er/ISA/Asst. Director/Educational Administred her/his signature before me. S/he is invo l	Mr
Certif	ied by:	ncipal/Head of Department of the Institution
	Signature	Date [Please affix seal]
6.2	Recommendation	[2.10000 002101 00002]
I here study.		ve applicant to follow the aforementioned program of
Certif	ried by Signature of	the Zonal Director of Education
Addre	ess	
	Signature	Date [Please affix seal]

I certify that the information stated in this application and other supporting documents attached is true and correct. I am aware that the Ministry of Education/Postgraduate Institute of English reserve the right

to alter or withdraw any offer made based on the information provided by me.

FOR OFFICE USE ONLY

RECOMMENDATION OF THE MINISTRY OF EDUCATION

This applicant is qualified for the selection test
This applicant is NOT qualified.
Certified by:
Name & Designation:
[Please affix seal]
FOR PGIE OFFICE USE
Deputy Registrar/ PGIE