

# UNIVERSITY OF RUHUNA, SRI LANKA

## APPLICATION FOR REGISTRATION FOR A POSTGRADUATE RESEARCH DEGREE

- IMPORTANT:** (a) *Application should be filled in duplicate.*  
(b) *Application which is incomplete in any respect will be rejected.*  
(c) *Employees of Government Departments or Corporations should submit their applications through the respective Heads of Departments or Corporations.*  
(d) *Only photo copies of certificates in support of age and qualifications should be annexed to the application.*  
(e) *Application processing fee. Rs.1000/- should be paid to the Collection Account of the University of Ruhuna through any branch of Peoples Bank by giving the relevant Reference No. (the office the copy of payment receipt should be attached to the application.)*

### **PART 1**

Study of Board in.....

Dept. of Study:.....

1. Degree for which the Registration is sought		
2. Last name with initials: Rev/Mr/Mrs/Miss  Names denoted by initials:  NIC / Passport no. ....		
3. ADDRESS For Correspondence: Home Address:  Telephone:  Official Address:  Telephone: .....(mobile) ..... (residence)  E-mail:  <i>Any change in either address should be informed immediately to the <u>Dean /Faculty of Graduate Studies</u></i>		
4. DATE OF BIRTH:	PLACE OF BIRTH:	CITIZENSHIP:
<i>Copy of Birth Certificate to be attached</i>		

6. PRESENT EMPLOYMENT (if any):

NAME AND ADDRESS OF EMPLOYER:

7. EDUCATIONAL QUALIFICATIONS: (*Certified copies of certificates to be attached*)

University/Institute	Degree (s)	Subject (s)	Class/GPA	Year

8. TRAINING COURSES ATTENDED (if any): (*Copies of Certificates to be attached*)

Course	Place	Period	Certificate

9. RESEARCH EXPERIENCE (if any): (*Copies of Certificates to be attached*)

Field of Research	Place	Period	Supervisor (if any)

10. LIST OF PUBLICATIONS: If any (*Continue on a separate sheet of paper if necessary*)

11. PROPOSED FIELD OF STUDY:  
MEDIUM OF STUDY:

PROPOSED TITLE:

*Please annex a Synopsis setting out the scope of research and its objectives, methodology, expected outcome relevance with the recommendation of the Supervisors. (Not more than 1000 words)*

12. STUDENT STATUS:

Full Time

<input type="checkbox"/>
<input type="checkbox"/>

Part Time

If part time, indicate the number of hours/week expecting to engage in research at

(i) University of Ruhuna .....

(ii) Other (*Please specify the place*).....

.....

13. FINANCIAL STATUS:

Self Financed

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Assistantship

Scholarship

Other (*Please specify*): .....

State the Assistantship/Scholarship that you have been awarded: .....

.....

*(Attach copies of such awards)*

14. In the event of termination of such award do you still intend to continue your research with self financed

Yes

No

15. Research work to be carried out principally at:

<input type="checkbox"/>
<input type="checkbox"/>

If not at University of ~~Ruhuna~~, provide the information listed under section 5-2 of By-Law 10-2013.

16. SUGGESTED SUPERVISOR/S

(a) Principal Supervisor	(b) Other Supervisors	
Name:		
Address:		
Tel:		
E-mail:		

(Declaration by the Applicant)

I do hereby declare that particulars provided by me in this application are true and accurate to the best of my knowledge. In the event of my application being accepted for registration for the postgraduate course of study, I hereby agree to abide by such By-Laws, Regulations and Rules of the University.

Date:.....

.....

Signature of Applicant

**PART II** DECLARATION BY THE EMPLOYER

Dean  
Faculty of graduate Studies  
University of Ruhuna  
Matara

Above application is forwarded. If selected, the applicant could be released/provided with facilities at ..... for a period of ..... for the purpose of research in ..... leading to a M.Phil./Ph.D./D.M/D.Eng. Degree.

Name of Employer:  
Contact Number:

Address:

Date: .....

.....

Signature of Employer

**PART III** DECLARATION BY THE SUPERVISOR\*(S)

(a) I/We agree to supervise the research work of above applicant.

Yes	No
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(b) I/We recommend that the applicant be exempted from the qualifying examination.

Yes	No
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(c) If the answer to (b) is yes, give reasons:

(d) I/We recommend that the applicant be exempted from following fees (give reasons):

(e) I/We recommend following Course Modules to be completed by the applicant:

(f) For part time students: The applicant should engage a minimum of  number of hours/week in research.

(g) Propose date of commencement/provisional enrollment:  
*(If backdated attach a separate recommendation with justifications)*

Name:

Signature:

Date:

1. ....

.....

.....

2. ....

.....

.....

3. ....

.....

.....

4. ....

.....

.....

\*Please see the guidelines for eligibility criteria of supervisors

**PART 1V OBSERVATIONS OF THE HEAD OF DEPARTMENT OF STUDY**

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(a) Recommended for registration

Yes	No
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(b) Exempted from qualifying Examination

Yes	No
-----	----

(c) If the answer to (b) is No, recommendation on the qualifying examination:

Date of Examination:

Title of Papers :

Set by :

Assessed by :

Viva-voce by :

(d) If the project is not self-financed specify the sources of financing.

i. Source(s):

ii. Project:

iii. Amount:

iv. To whom the grant is awarded (Name and the position held in the University of Ruhuna):

v. Conditions if any:

(e) Recommended annual fee (Regulation 10.2-2013):

(f) Whether facilities could be provided for this project

Yes	No
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(g) Whether the suggested supervisor(s) in your Department could be released for supervision of this project.

Yes	No
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Date: .....

Signature: .....

Department: .....

**PART V OBSERVATIONS OF THE BOARD OF STUDY**

(a) Application may be accepted

Yes	No
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(b) Registration is recommended with effect from .....

(c) Provisional enrollment is recommended with effect from .....until the qualifying examination is completed.

(d) Whether the ethical clearance is applicable.

Yes	No
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If Yes, whether the clearance is obtained. ....

(e) Recommended annual fee (Regulation 10.2 -2013 ) .....

(f) Recommended Course Modules, if any, .....

(g) Eligibility criteria for all the supervisors are fulfilled

Yes	No
-----	----

(g) Additional Supervisors, if needed: .....

Date: .....

.....

Chairman/Study Board

#### **PART VI OBSERVATIONS OF THE UNIVERSITY SENATE**

(a) Registration of Mr./Mrs./Miss. ....  
for a Postgraduate Degree of ..... is  
approved by the Senate at its meeting held on .....

(b) Any changes: .....

Date: .....

.....

Registrar

**PART VII SUMMERY OF THE APPLICATION**

*(This is the format used to submit papers for the BGS & the Senate, to get the recommendation & approval for this application. In order to avoid delays, this should be clear & free of errors. Therefore it is recommended to complete this format by type setting.*

*(The soft copy of the format is available at the Dean's office if necessary) The soft copy of completed form also should be e-mailed to [uorfgsdeansoffice@gmail.com](mailto:uorfgsdeansoffice@gmail.com)*

<i>Degree:</i>		<i>Field of Study:</i>	
<i>Full name of the Candidate</i>			
<i>Board of Study:</i>	<i>Department:</i>	<i>Medium of Study:</i>	
<i>Student Status: (whether full time or part time)</i>		<i>Highest Educational Qualification:</i>	
<i>Recommended by BOS on:</i>	<i>Date of Application:</i>	<i>Registration date recommended:</i>	
<i>Thesis title:</i>			
<i>Principal Supervisor</i>		<i>Co- Supervisor(s)</i>	
<i>Key publications (max 03) by the principal supervisor</i>			
1. 2. 3.			
Briefly outline the following aspects of the research (Not more than 50 words for each aspect )  Novelty .....  Impacts (to the scientific community or to the general public) .....			



Relevance .....

The Board of study in ..... has verified that the supervisor/ all the supervisors has/have fulfilled the eligibility criteria.

.....  
Date

.....  
Secretary/ BOS