

## SRI LANKA INSTITUTE OF INFORMATION TECHNOLOGY FACULTY OF GRADUATE STUDIES

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## Application to Enroll for MPhil and PhD Programs (Business Administration)

(Complete this form in BLOCK CAPITALS if handwritten) Program applied for: ☐ MPhil (Business Administration) ☐ PhD (Business Administration) 1. PERSONAL DATA 1.1. Name with Initials: 1.2. Full Name: 1.3. Personal Address: 1.4. Office Address (If applicable): **Mobile: Telephone: Telephone: Email: Email:** 1.5. Date of Birth: 1.6. Gender:  $\square$  Male  $\square$  Female 1.7. NIC No.: 1.8. Personal Statement addressing why you are applying and what makes you suitable for **the programme:** (Use a separate sheet) 1.9. Employment History Including Present Employment (if any) Duration **Position** Name, Address & Contact From (MM/YY) To (MM/YY) **Details of Employer** 

University/In	ctituto	Degree/Diploma	Year	Grade/Class etc
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. Kesearch: Publica	tions/Experience (	Use additional sheets	ir necessary	)
8. Other Qualificatio	ons: (Fellowships s	cholarships awards r	nemberships	s in professional
3. Other Qualification bodies, etc.)	ons: (Fellowships, s	cholarships, awards, r	nemberships	s in professional
	ns: (Fellowships, s	cholarships, awards, r	nemberships	s in professional
bodies, etc.)		cholarships, awards, r  Date of Awar		s in professional  pecialization (if any)
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bodies, etc.)	Awarding			
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bodies, etc.)  Jame of  Qualification	Awarding Institute	Date of Awar	rd S	
bodies, etc.)  Tame of  Qualification  DETAILS OF THE P	Awarding Institute	Date of Awar	rd S	

3.4. State financial or other suppo	rt available:				
i. For Equipment/Chemicals/Consumables:					
ii For Salary or Research Assistantship:					
iii. If a third party is supporti	ng you, please fill the follov	ving information:			
(a) Supporting entity:					
(b) Address:					
(c) Telephone: Fax: Email: (d) Support details: (amount, duration, etc.)					
	duration, etc.)				
3.5. Place(s) of work:					
3.6. A synopsis of the research wo	ark project to be carried or	nt covering the background			
relevant literature, main objective	- •				
, •	•				
If the research project involves hu		ny other ethical issues, please			
request clearance from the SLIIT	•				
I. DECLARATION OF THE SUPI	ERVISOR/S				
This is to certify that I/we agree to su	pervise the applicant for the	e programme of study mentioned in			
he application.					
Supervisor's Name	Designation	Address			
Co Cumouricoulo Nomo	Designation	Address			
Co-Supervisor's Name	Designation	Address			
. MODE OF REGISTRATION (F	out a cross in the relevant cag	ge)			
☐ Full-time ☐ 1	Part-time				
. OTHER INFORMATION					
5.1. Have you applied for admission	ı to this programme previo	ously?   Yes   No			
If yes, give details:					

6.2. Are you currently register University/institute?		diploma at the SLIIT or a	ny other
If yes, give details:			
• / 6			
<b>7. REFEREES</b> (two recommend recommendations)	lations; one academic	and one corporate; both ne	ed to send written
Name	Position	Address	Contact info
1.			Tel: Mobile: Email:
2.			Tel: Mobile:
			Email:
8. DOCUMENTS TO BE SUB	be sent directly via em	ail to the Manager/Student E	Enrollment
of SLIIT at miyuru.n@sliit  ☐ Academic transcript(s)¹ (to SLIIT at miyuru.n@sliit.lk	be sent directly via ema	il to the Manager/Student Er	nrollment of
	•	e review of relevant literature	e
☐ Personal statement			
☐ A copy of the Birth Certific	eate		
☐ Copies of all Educational C			
☐ Copies of Professional Mer	nberships		
Latest Curriculum Vitae			
<ul> <li>One Passport Sized Photog</li> </ul>	•		
☐ A copy of National ID Care			
☐ Bank receipt* confirming the	ne payment of the applic	cation processing fee	
Note: Originals of all required d	ocuments should be pro	oduced at the time of registra	ntion.
*An application Processing Fee: Bank */Sampath Bank atinapplicable)			
The fee should be paid at any branch o to the Current Account No. 000163055 Institute of Information Technology to	2 at Bank of Ceylon OR at	any branch of Sampath Bank in fa	

<sup>&</sup>lt;sup>1</sup> All undergraduate and postgraduate degrees and diplomas

<b>9. DECLARATION OF THE EMPLOYER</b> (Applicants who are employed should submit their applications through their respective employers)
This applicant <b>can/cannot</b> be released <b>full time/part time</b> if <b>he/she</b> is selected to follow the programme applied for.
Date: Signature of the Employer and official frank
10. DECLARATION OF THE APPLICANT
I have instructed the Registrar(s) of the
I certify that all the information provided above is correct and I agree to abide by and be subjected to the regulations of SLIIT if this application is accepted.
Date: Signature of the Applicant:
11. OBSERVATIONS OF THE HEADS OF THE DEPARTMENT/DIVISION AND INSTITUTE WHERE RESEARCH WILL BE CONDUCTED
11.1. Head of the Department
I certify that the facilities available in my department can be utilized for the project.
Remarks if any:
Date:
11.2. Head of the Institution or Dean of the Faculty
I certify that the facilities available in my institution can be utilized for the project.
Remarks if any:
Date:
Appreciate if you could provide us the below information:
How did you get to know about these Programmes?
<ul> <li>□ TV</li> <li>□ Radio</li> <li>□ SMS</li> <li>□ E-Mail</li> <li>□ Phone Call</li> <li>□ Hoarding</li> <li>□ News Paper</li> <li>□ Exhibition</li> <li>□ Web Site</li> </ul>
☐ Brochures ☐ Facebook ☐ Friend ☐ SLIIT Guidebook