

## *Application to Enroll for MPhil and PhD Programs*

(Complete this form in BLOCK CAPITALS if handwritten)

**Program applied for:**

- |   |   |
|---|---|
| <input type="checkbox"/> MPhil (Information Technology)                 | <input type="checkbox"/> PhD (Information Technology)                 |
| <input type="checkbox"/> MPhil (Software Engineering)                   | <input type="checkbox"/> PhD (Software Engineering)                   |
| <input type="checkbox"/> MPhil (Computer Networks)                      | <input type="checkbox"/> PhD (Computer Networks)                      |
| <input type="checkbox"/> MPhil (Cyber Security)                         | <input type="checkbox"/> PhD (Cyber Security)                         |
| <input type="checkbox"/> MPhil (Civil Engineering)                      | <input type="checkbox"/> PhD (Civil Engineering)                      |
| <input type="checkbox"/> MPhil (Electrical and Electronics Engineering) | <input type="checkbox"/> PhD (Electrical and Electronics Engineering) |
| <input type="checkbox"/> MPhil (Mechanical Engineering)                 | <input type="checkbox"/> PhD (Mechanical Engineering)                 |
| <input type="checkbox"/> MPhil (Materials Engineering)                  | <input type="checkbox"/> PhD (Materials Engineering)                  |
| <input type="checkbox"/> MPhil (Business Administration)                | <input type="checkbox"/> PhD (Business Administration)                |

**1. PERSONAL DATA**

<b>1.1. Name with Initials:</b>			
<b>1.2. Full Name:</b>			
<b>1.3. Personal Address:</b>		<b>1.4. Office Address (If applicable):</b>	
<b>Mobile:</b>	<b>Telephone:</b>	<b>Telephone:</b>	
<b>Email:</b>		<b>Email:</b>	
<b>1.5. Date of Birth:</b>		<b>1.6. Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>1.7. NIC No.:</b>			
<b>1.8. Personal Statement addressing why you are applying and what makes you suitable for the programme: (Use a separate sheet)</b>			
<b>1.9. Employment History Including Present Employment (if any)</b>			
<b>Duration</b>		<b>Position</b>	<b>Name, Address &amp; Contact Details of Employer</b>
<b>From (MM/YY)</b>	<b>To (MM/YY)</b>		

## 2. ACADEMIC AND PROFESSIONAL DETAILS

### 2.1. Academic Qualifications

University/Institute	Degree/Diploma	Year	Grade/Class etc.

### 2.2. Research: Publications/Experience (Use additional sheets if necessary)

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### 2.3. Other Qualifications: (Fellowships, scholarships, awards, memberships in professional bodies, etc.)

Name of Qualification	Awarding Institute	Date of Award	Specialization (if any)

## 3. DETAILS OF THE PROGRAMME YOU WISH TO STUDY AT SLIIT

<b>3.1. Faculty of Study:</b>
<b>3.2. Specific Field of Study:</b>
<b>3.3. Tentative title of the thesis:</b>

**3.4. State financial or other support available:**

**i. For Equipment/Chemicals/Consumables:**

**ii For Salary or Research Assistantship:**

**iii. If a third party is supporting you, please fill the following information:**

**(a) Supporting entity:**

**(b) Address:**

**(c) Telephone:**

**Fax:**

**Email:**

**(d) Support details: (amount, duration, etc.)**

**3.5. Place(s) of work:**

**3.6. A synopsis of the research work project to be carried out covering the background, relevant literature, main objectives and expected contributions. (1-2 pages)**

*If the research project involves human or animal subjects or any other ethical issues, please request clearance from the SLIIT Ethical Committee.*

**4. DECLARATION OF THE SUPERVISOR/S**

This is to certify that I/we agree to supervise the applicant for the programme of study mentioned in the application.

<b>Supervisor's Name</b>	<b>Designation</b>	<b>Address</b>	<b>Signature</b>
<b>Co-Supervisor's Name</b>	<b>Designation</b>	<b>Address</b>	<b>Signature</b>
<b>1.</b>			
<b>2.</b>			

**5. MODE OF REGISTRATION (Put a cross in the relevant cage)**

Full-time

Part-time

**6. OTHER INFORMATION**

**6.1. Have you applied for admission to this programme previously?**  Yes  No

**If yes, give details:**

**6.2. Are you currently registered for another degree/diploma at the SLIIT or any other University/institute?**       Yes     No

**If yes, give details:**

**7. REFEREES** (at least **two** should be academic referees who will be sending written recommendations)

Name	Position	Address	Contact info
1.			Tel: Mobile: Email:
2.			Tel: Mobile: Email:
3.			Tel: Mobile: Email:

**8. DOCUMENTS TO BE SUBMITTED**

- Three recommendations (to be sent directly to the Manager/Academic Affairs of SLIIT by referees)
- Academic transcript(s)<sup>1</sup> (to be sent directly to the Manager/Academic Affairs of SLIIT by the registrar of the institution)
- Description of research methodology including the review of relevant literature
- Personal statement
- A copy of the Birth Certificate
- Copies of all Educational Certificates
- Copies of Professional Memberships
- Latest Curriculum Vitae
- One Passport Sized Photograph
- A copy of National ID Card or information page of the passport
- Bank receipt\* confirming the payment of the application processing fee

**Note:** Originals of all required documents should be produced at the time of registration.

\*An application Processing Fee: Bank receipt for Rs.1000/- paid at the Bank of Ceylon at..... (branch) \* / Sampath Bank at ..... (branch) \* is attached to this application. (\* Strike off which ever inapplicable)

The fee should be paid at any branch of the Bank of Ceylon in favour of Sri Lanka Institute of Information Technology to the Current Account No. 0001630552 at Bank of Ceylon OR at any branch of Sampath Bank in favour of Sri Lanka Institute of Information Technology to the Current Account No. 003990000033 at Sampath Bank.

<sup>1</sup> All undergraduate and postgraduate degrees and diplomas

**9. DECLARATION OF THE EMPLOYER** (Applicants who are employed should submit their applications through their respective employers)

This applicant **can/cannot** be released **full time/part time** if **he/she** 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 .....  
(Universities/Institutes) to send my academic transcript(s) directly to the office of the Manager,  
Academic Affairs of SLIIT.

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:**.....  
**Signature of the Head of the Department**

**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:**.....  
**Signature of the Head of the Faculty**

<b>Appreciate if you could provide us the below information:</b>				
<b>How did you get to know about these Programmes?</b>				
<input type="checkbox"/> TV	<input type="checkbox"/> Radio	<input type="checkbox"/> SMS	<input type="checkbox"/> E-Mail	<input type="checkbox"/> Phone Call
<input type="checkbox"/> Hoarding	<input type="checkbox"/> News Paper	<input type="checkbox"/> Exhibition	<input type="checkbox"/> Web Site	
<input type="checkbox"/> Brochures	<input type="checkbox"/> Facebook	<input type="checkbox"/> Friend	<input type="checkbox"/> SLIIT Guidebook	
<input type="checkbox"/> Other:	.....			