

University of Moratuwa
Moratuwa
Sri Lanka

REGISTRATION FORM FOR POSTGRADUATE COURSE

1. Name of Course:

2. Name in Full:

(State whether Mr./Mrs./Miss.)

3. Name with Initials:

*(Please Attach a Certified Photocopy of Birth Certificate)

4. Permanent Address:

5. District:

6. Province:

7. Contact No:

8. Date of Birth:

9. Race:

10. Religion:

11. National Identity Card No:

*(Please Attach a Certified Copy)

12. Particular of Educational Qualifications:

*(Please Attach a Certified Photocopy of Educational and Professional qualifications)

13. Fees Paid:

Rs.

Date of Payments:

14. Particulars of Employment:

(Together with your designation & the name of the employer)

I declare that all information furnished by me correct

Date:

Signature

FOR OFFICE USE ONLY

Admission No:

Admission Date: