



**POSTGRADUATE INSTITUTE OF MANAGEMENT**  
*University of Sri Jayewardenepura*

**APPLICATION FOR ADMISSION**

Program Applying:

**Personal**

Name in full:

Name with Initials:

Residential

Business

Address:

Tel:

Fax:

E-Mail:

NIC No:

Mobile:

Date of Birth :

Marital Status:

**Instruction to applicants:** All questions in this application must be answered fully and accurately .

**Academic Qualifications** *(Attach photocopies of certificates)*

University	Period	Main subject/ specialization	Degree & class	Month & Year

**Professional Qualifications** *(Attach photocopies of certificates)*

Institution	Period	Field of study/Training	Qualification	Month & Year

**Work Experience** *(Managerial, Entrepreneurial, Consultancy, etc.)*

Organization	Period of Service (Month & Year)	Nature of work	Position held	Gross Salary/Earnings (Per month)

\* Period of service - give starting date & date of leaving organization

**Note:** Attach service certificates from employers or adequate proof of experience.

**Nature of Work Experience**

Briefly describe your current job/work objectives & responsibilities:

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**Management Training**

Briefly describe your management training, including exposures abroad:

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**Knowledge of English**

Provide evidence to confirm the sufficiency of your knowledge of English to undertake a postgraduate programme of study

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**Finance**

How will you finance your postgraduate studies at the Institute?

If sponsored, by whom?

**Reasons for Study**

Enumerate briefly and as precisely as possible your reasons for wishing to enrol in a postgraduate programme of study at the Postgraduate Institute of Management:

List other information including your personal/career interests which you feel may be useful to the Admission Board in the evaluation of your application:

**Referees** (Name, Designation & Contact details)

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I certify that the above information is true and correct. I understand that misrepresentation in the application will cause rejection of application or revoking of acceptance for admission. I am aware that incomplete applications will be rejected.

Date:

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Signature of Applicant

**E-Mail this application to: [admin@pim.sjp.ac.lk](mailto:admin@pim.sjp.ac.lk)**