

## **FACULTY OF GRADUATE STUDIES** MASTER OF BUSINESS ADMINISTRATION (MBA) PROGRAMME **APPLICATION FOR ACADEMIC YEAR- 2023/2024**

EASTERN UNIVERSITY, SRI LANKA

For office use only
Application No:
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Academic Qualifications (Attach photocopies of the relevant certificates)																
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University	Period	Main Subjects/ Specialization	Degree & Class	Month & Year

	Institute	Period	Trainir		Qua	alification	Month & Year	
4.	Work Experience * (Managerial Organization	l, Consultancy, eriod of Service						
	From		То	No. of Y	ears	- Position Held		
*	Start with your present employment	ent						
5. R	esearch Details:							
W	/hether involved in any Research		Yes	No _				
Pi	roject Name/ Title :							
D	ate of Completion:							
(It	f you have involved in more than	one research wo	ork, please give	e the detai	ils in a se	eparate sheet)		
6. P	ublication/s: (list out your public	cations with title, r	name of the jou	urnal, yea	n <b>r</b> of publ	lications etc.)		
		(DI	-414-79		<b></b>			
		(Please annex separa	ate sheet if this spa	ace is not sui	πicient)			
7. F	unding (Mode of Financing for	the MBA Prograi	mme):					
Р	ersonal Sponsored	Undecid	ded					
lf	sponsored, by whom?							

3. Professional Qualifications (Attach photocopies of the relevant certificates)

8.	Reasons for pursuing the MBA Programme :									
	(Briefly describe why you wish to enroll in	the MBA Programme at the Faculty of Commerce and								
	Management, Eastern University, Sri Lanka)									
_	List other information including your personal/ career interests, which you may feel useful									
9.										
	to the Admission Committee in the evaluation	of your application :								
	I certify that the above particulars given by me ar	re true and accurate to the best of my knowledge and aware that								
	misrepresentation in the application will cause	the rejection of the application or revoking of acceptance for								
	admission and that an incomplete application will									
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	Date: Sic	anoture of the Applicant								
	Date	gnature of the Applicant:								
10	To be completed by Present Employer (if any):									
	Lhereby certify that Rey /Dr /Mr /Ms	is employed								
	as	with effect from								
	Recommended and forwarded									
	Name:	Designation:								
	Date:	Signature of Employer:								
		(Official Rubber Stamp)								
	Note:									

Duly completed application form along with relevant documents are to be sent on or before 26th of February 2024.