| Ref. No. | |
|-----------------------|--|
| (for office use only) | |

POSTGRADUATE INSTITUTE OF AGRICULTURE

UNIVERSITY OF PERADENIYA

Please affix 4cm x 3cm color Photograph

(Background should be sky blue)

APPLICATION FOR ADMISSIONS Academic Year 2023 - Colombo Intake

IMPORTANT:

- Only photocopies of certificates in support of age (Birth Certificate) and educational / professional qualifications (Convocation degree certificate, detailed certificate or course completion certificate) together with the payment receipt of the application processing fee (LKR 3000,00 should be sent to the Deputy Registrar, Postgraduate Institute of Agriculture, P.O. Box 55, Old Galaha Road, Peradeniya. by registered post.
- Confidential Original Official Academic Transcript of the candidate should be submitted directly to the PGIA by the respective University where the applicant has obtained Bachelor Degree or equivalent qualifications.
- Students whose final results are pending (results to be released by February 2024) can apply with an official document issued by the Registrar of University / Institute.
- Employees of government department, corporations (permanent employees only) should submit their applications through the respective head of the institute/ corporation.(Send the Employer Consent Form separately)
- If you are unable to submit all relevant documents by deadline, kindly submit the application and payment receipt together with the available documents and remaining documents to be submitted within two weeks time.

| | within two weeks time. | | | | | | 8 | | | | | | |
|----|--|------------|------------|--------|----------|-------|----------|-------|-------|---------|--------|-------|--|
| 1. | National ID / Passport No: | | | | | | | | 7 | | | | |
| | Rev. / Mr. / Miss. / Mrs. / Dr. | ll- | | | | | | | _ | | | | |
| | Name with initials: | | | | | | | | | | | | |
| | Name in Full: | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | (Your name should be tallied with the Kindly note that this is how your name | | | | | | | | | oirth c | ertifi | cate. | |
| 2. | Home address: | | | | | | | | | | | | |
| | Telephone: | | | _ Mob | oile No: | | | | | | | | |
| | Personal email: | | | | | | | | | | | | |
| | Official address: | | | | | | | | | | | | |
| | Telephone: | | | _ Ema | il: | | | | | | | | |
| | Address for correspondence (Hom | e/Official | l): | | | | | | | | | | |
| , | Deputy Registrar should be inform | ed immed | diately of | any ch | anges in | conta | ict det | ails: | | | | | |
| | Date of birth: | | | _ Plac | e of bir | th: | | | | | | | |
| | Nationality: | | | Sex | Male | . [|] | I | emale | | | | |
| | | | | | | - | | | | | | | |

| 3. Present employme | ent (Name of d | lesignation): | | | | |
|---------------------------------|----------------------|---------------|----------------------|-------------------|---------|----------------|
| 4. Name and address | s of employe | er: | | | | |
| | | | | | | |
| | | | | | | |
| 5. Employment reco | rd (List you: | r most recen | Ī | ., | | |
| Name and address of employer | Positi | ion / Rank | From | eriod To | | Nature of duty |
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| 6. Educational/ profes | · · | 1 | ı | T | ched): | CI (P |
| University | From | То | Degree | Field | | Class / Pass |
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| 7. List of publication | s (attach a s | eparate shee | et if the space give | en here is inaded | quate): | |
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8. Proposed programme of study:

Please refer to section 2, 4 and 5 of the student hand book and prospectus before completing this section.

| Board of Study | Name of the Degree Program | Offered | Tick off ($\sqrt{\ }$) only ONE (01) program |
|---|---|--------------------------------------|---|
| | Master of Applied Statistics | | |
| Bio-Statistics | M.Sc. in Applied Statistics | | |
| Dio-Staustics | Master of Bio-Statistics | | |
| | Master of Applied Statistics | | |
| | Master of Food & Nutrition | | |
| Food Science & | M.Sc. in Food & Nutrition | | |
| Technology | Master of Food Science & Technolo | ogy | |
| | M.Sc. in Food Science & Technolog | sy | |
| 9. References: (Give na your teacher at | mes and addresses of two referees, the university) | at least one of | whom should have been |
| Name : | | Name | : |
| Address : | | Addres | s : |
| | | | |
| | | | |
| Email | | Email | |
| Contact no | | Contac | t no |
| should be request Of Agriculture ur | ed to send their reports duly perfec | ted, directly to f the sealed env | the referees indicated above. They the Director, Postgraduate Institute velopes are given to you personally, |
| my knowledge, ar Lanka at the time | nd that I am not registered for any p | oostgraduate deg my being select | on are true and accurate to the best of gree program in any university in Sri ted for the program of study I have at as applicable to me. |
| Date: | | | Signature of applicant |

Employer Consent Form

| Name of the Applicant | | | | | | | | | | | | |
|--|--------|--------|-------|--------|-------|-------|--------|--------|--------|--------|---------|-------|
| NIC NO: | | | | | | | | | | | | |
| NOTE: To be completed by the Head of t if applicable. | he Ins | titute | e/ Co | rpor | atio | ı/En | terp | rise (| of the | app | lican | nt |
| Director Postgraduate Institute of Agriculture University of Peradeniya P.O.Box 55, Old Galaha Road Peradeniya | | | | | | | | | | | | |
| Forwarded. If selected, the applicant will be the PGIA. | given | perm | issio | n to f | ollov | v a p | ostgr | aduat | e deg | gree p | orogr | am at |
| Address: | | | | | | | | | | | | |
| | | | | | Sig | natui | e of | Head | of th | e Ins | stitute | e/ |
| | | | | | Co | rpora | tion/ | Priva | ate Ei | nterp | rise | |
| | | | | | | Desi | gnati | on : | | | | |
| Date: | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | (1 | Pleas | e affi | ix off | icial | rubb | er sta | mp) |

POSTGRADUATE INSTITUTE OF AGRICULURE UNIVERSITY OF PERADENIYA <u>REFEREE'S REPORT – 2023 (Colombo Intake)</u>

SECTION 'A' (To be completed by the Candidate)

| REFERE | E(Undergrad | uate Lecturer o | r Supervi | sor) APPLIC | CANT |
|-----------------|----------------|------------------|-------------|--------------------------------|--------------------------|
| Name | | | | Full Name | |
| Title | | | | | |
| Institution | | | | NIC No. of Candidate: | |
| Mailing Address | | | | Board of Study | |
| | | | | (Must be the same as that sh | own on application) |
| Proposed I | Postgraduate P | rogram (Circle o | ne) | | |
| M.Sc. | MBA | M. Phil. | Ph. D. | DBA | |
| I, | | hereby | waive my | right of access to this refere | ence report. |
| | | | | | (Signature of applicant) |
| | (This | form should be s | signed by a | oplicant before sending to | the referee). |

SECTION 'B' (To be completed by the Referee)

Please evaluate the applicant by placing a tick ($\sqrt{}$) after each characteristic that most nearly represents your opinion. Compare the applicant with a representative group of students qualified for graduate study whom you have known and who have had approximately the same amount of experience and training as the applicant. If you lack knowledge to make a definite rating, give your estimate of applicant's ability, by checking the last column.

| | Below Average | Average | Good | Superior (Top 10%) | Inadequate Opportunity to Observe |
|---|------------------|---------|------|-----------------------|-----------------------------------|
| Ability to master academic work | | | | | |
| b. Ability in oral expression in English | | | | | |
| c. Ability to written expression in English | | | | | |
| d. Motivation | | | | | |
| e. Emotional stability and maturity | | | | | |
| f. Self-reliance and independence | | | | | |

| | This student was enrolled in my class/es. |
|-------|---|
| | I was this student's undergraduate advisor/ project or research advisor. |
| | While I have not taught or advised the applicant, I have known the person for years. |
| | I supervised or directed the work of the applicant foryears. |
| | I do not know this individual well enough to evaluate. |
| • | please add any comments which will assist the applicant should be admitted to the PGIA. |
| | rank |
| Date: | |
| | In the space below or by attachment, in making a judgment as to whether to signature of Referee with official f |

Please enclose the confidential report in the envelope provided and sign after sealing it. **The signed envelope could be handed over to the applicant** who is required to mail it along with his/her application or may mail your recommendation directly to the address given below to reach the Institute on or before **15-02-2024**.

Director
Postgraduate Institute of Agriculture
P.O. Box 55
Old Galaha Road
Peradeniya

POSTGRADUATE INSTITUTE OF AGRICULURE UNIVERSITY OF PERADENIYA <u>REFEREE'S REPORT – 2023 (Colombo Intake)</u>

SECTION 'A' (To be completed by the Candidate)

| REFERE | E(Undergrad | uate Lecturer o | r Supervi | sor) APPI | <u>LICANT</u> |
|-----------------|----------------|------------------|-------------|-----------------------------|--------------------------|
| Name | | | | Full Name | |
| Title | | | | | |
| Institution | | | | NIC No. of Candidate | e: |
| Mailing Address | | | | Board of Study | |
| | | | | (Must be the same as tha | t shown on application) |
| Proposed 1 | Postgraduate P | rogram (Circle o | ne) | | |
| M.Sc. | MBA | M. Phil. | Ph. D. | DBA | |
| I, | | hereby | waive my | right of access to this ref | ference report. |
| | | | | | (Signature of applicant) |
| | (This | form should be s | signed by a | oplicant before sending | to the referee). |

SECTION 'B' (To be completed by the Referee)

Please evaluate the applicant by placing a tick ($\sqrt{}$) after each characteristic that most nearly represents your opinion. Compare the applicant with a representative group of students qualified for graduate study whom you have known and who have had approximately the same amount of experience and training as the applicant. If you lack knowledge to make a definite rating, give your estimate of applicant's ability, by checking the last column.

| | Below Average | Average | Good | Superior (Top 10%) | Inadequate Opportunity to Observe |
|---|------------------|---------|------|-----------------------|-----------------------------------|
| a. Ability to master academic work | | | | | |
| b. Ability in oral expression in English | | | | | |
| c. Ability to written expression in English | | | | | |
| d. Motivation | | | | | |
| e. Emotional stability and maturity | | | | | |
| f. Self-reliance and independence | | | | | |

| a. | | This student was enrolled in my class/es. |
|----|--------------------------------------|---|
| b. | | I was this student's undergraduate advisor/ project or research advisor. |
| c. | | While I have not taught or advised the applicant, I have known the person for years. |
| d. | | I supervised or directed the work of the applicant foryears. |
| e. | | I do not know this individual well enough to evaluate. |
| | • | please add any comments which will assist the applicant should be admitted to the PGIA. |
| | Signature of Referee with official f | rank |
| | Date: | |
| | | |

Please enclose the confidential report in the envelope provided and sign after sealing it. **The signed envelope could be handed over to the applicant** who is required to mail it along with his/her application or may mail your recommendation directly to the address given below to reach the Institute on or before **15-02-2024**.

Director
Postgraduate Institute of Agriculture
P.O. Box 55
Old Galaha Road
Peradeniya

| | Name of Candidate | : |
|--|--|---|
| | NIC No. of Candidate | e: |
| | Address | · |
| | | |
| | Date | : |
| Registrar, | | |
| University of | | |
| | | |
| Dear Sir/Madam, Transcript of | Academic Records – | 2023 (Colombo Intake) |
| 11 | the Postgraduate Institute g the Academic Year 2023 | of Agriculture, University of Peradeniya to |
| pursue a program of study during | 5 | |
| Please be good enough to forw Postgraduate Institute of Agrice reach him not later than 15-02-2 | eard the transcript of my culture, P.O. Box 55, Old | d Galaha Road, Peradeniya, Sri Lanka to |
| Please be good enough to forw Postgraduate Institute of Agri ce reach him not later than 15-02-2 PGIA. | eard the transcript of my culture, P.O. Box 55, Old | academic record to the Deputy Registrar , d Galaha Road, Peradeniya, Sri Lanka to tter when my transcript is forwarded to the |
| Please be good enough to forw Postgraduate Institute of Agric reach him not later than 15-02-2 PGIA. | rard the transcript of my culture, P.O. Box 55, Old 2024. Kindly annex this le | d Galaha Road, Peradeniya, Sri Lanka to |
| Please be good enough to forw Postgraduate Institute of Agrice reach him not later than 15-02-2 PGIA. My particulars are as follows, | rard the transcript of my culture, P.O. Box 55, Old 2024. Kindly annex this le | d Galaha Road, Peradeniya, Sri Lanka to tter when my transcript is forwarded to the |
| Please be good enough to forw Postgraduate Institute of Agric reach him not later than 15-02-2 PGIA. My particulars are as follows, 1. Name in full | rard the transcript of my culture, P.O. Box 55, Old 2024. Kindly annex this le | d Galaha Road, Peradeniya, Sri Lanka to tter when my transcript is forwarded to the |
| Please be good enough to forw Postgraduate Institute of Agrice reach him not later than 15-02-2 PGIA. My particulars are as follows, 1. Name in full 2. Name of Degree | culture, P.O. Box 55, Old 2024. Kindly annex this le | d Galaha Road, Peradeniya, Sri Lanka to the tter when my transcript is forwarded to the |

(Signature of Applicant)