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

POSTGRADUATE INSTITUTE OF AGRICULTURE

UNIVERSITY OF PERADENIYA

APPLICATION FOR ADMISSIONS

Academic year – 2023 (Peradeniya Intake)

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| (Background |
| should be sky |
| blue) |

Please affix

4cm x 3cm

IMPORTANT:

- Only certified 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 3,000.00 should be sent to the Deputy Registrar, Postgraduate Institute of Agriculture, P.O. Box 55, Old Galaha Road, Peradeniya. by registered post.
- Students applying for M.Phil. / Ph.D. should submit two page concept notes together with the application. The applicant need to mentioned that the funding source for research.
- Official 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.

| 1. National ID No: | | | | | | | | | | | | | | | | |
|--|--------------|----------|--------|------|---------|---------------|--------|------|---------|---------|------|--------|--------|-------|---|-----|
| Rev. / Mr. / Miss. / Mrs. / | Dr. | | | | | | | | | | | | | | | |
| Name with initials: | | | | | | | | | | | | | | | | |
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| Name in Full: | | + | | | | | | | | | - | | | | | |
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| (Your name should be certificate. Kindly no | | | | | | | | | | | | | | | | |
| 2. Home address: Telephone: | te that this | s is hov | v your | name | will ap | pear i | n your | post | grac | luate d | egre | ee cer | tifica | ate.) | | ••• |
| certificate. Kindly no 2. Home address: | te that this | s is hov | v your | name | will ap | pear i | n your | post | grac | luate d | egre | ee cer | tifica | ate.) | | |
| 2. Home address: Telephone: | te that this | s is hov | w your | name | will ap | opear i | n your | post | grad | luate d | egre | ee cer | tifica | nte.) | | |
| 2. Home address: Telephone: Personal email: | te that this | s is hov | w your | name | will ap | opear i | No: | post | grad | luate d | egre | ee cer | tifica | nte.) | | |
| 2. Home address: Telephone: Personal email: Official address: | te that this | s is hov | w your | name | will ap | Aobile : | No: | post | grad | luate d | egre | ee cer | tifica | | | |
| 2. Home address: Telephone: Personal email: Official address: | ndence (H | s is how | y your |): | will ap | Aobile | No: | post | grad | luate d | egre | ee cer | tifica | | | |
| 2. Home address: Telephone: Personal email: Official address: Telephone: Address for correspo | ndence (H | ome/O | w your |): | will ap | Aobile Email | No: | post | ttails: | luate d | egre | ee cer | | | | |

| 3. Present employmen | t (Name of desi | gnation): | | | | |
|------------------------|------------------------|-----------------------|----------------------|---------------|-------|---------------|
| 4. Name and address of | of employer: | | | | | |
| | | | | | | |
| 5. Employment record | l (List your mos | st recent position fi | irst): | | | |
| Name and address | of Po | sition / Rank | From | riod To | N | ature of duty |
| employer | | | FIOM | 10 | | |
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| 6. Educational/ profe | ssional qualific | cations (Copies of | certificate/s should | be attached): | | |
| University / Institute | From | То | Degree | | Field | Class / Pass |
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| 7. List of publicatio | ns (attach a se | eparate sheet if th | ne space given her | e is inadequa | ate): | |
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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 () only ONE (01) program |
|---------------------------|--|---------------------------------------|
| | Master of Plant Biology Conservation and Breeding | |
| Agricultural Biology | M.Sc. in Plant Biology Conservation and Breeding | |
| igneuturur Diologj | Master of Biotechnology | |
| | M.Sc. in Biotechnology | |
| | M.Phil | |
| | Ph. D. | |
| | Master of Development Communication & Extension | |
| | M.Sc. in Development Communication & Extension | |
| Agricultural Extension | Master of Organizational Management | |
| | M.Sc. in Organizational Management | |
| | M.Phil | |
| | Ph.D. | |
| | Master of Animal Science | |
| | M.Sc. in Animal Science | |
| Animal Science | Master of Aquatic Bio-Resources Mgt. & Aquaculture | |
| | M.Sc. in Aquatic Bio-Resources Mgt. & Aquaculture | |
| | Master of Dairy & Meat Product Technology | |
| | M.Sc. in Dairy & Meat Product Technology | |
| | Master of Poultry Science & Technology | |
| | M.Sc. in Poultry Science & Technology | |
| | M.Phil | |
| | Ph. D. | |
| | Master of Business Administration (CW) | |
| Business Administration | Master of Business Administration (CW & R) | |
| | Ph. D. | |
| | Master of Crop Science | |
| | M.Sc. in Crop Science | |
| | Master of Environmental Forestry | |
| | M.Sc. in Environmental Forestry | |
| Crop Science | Master of Floriculture and Landscape Architecture | |
| Stop Science | M.Sc. in Floriculture and Landscape Architecture | |
| | Master of Tropical Agriculture | |
| | M.Sc. in Tropical Agriculture | |
| | Master of Plantation Crop Management | |
| | M.Sc. in Plantation Crop Management | |
| | Master of Horticulture | |
| | M.Sc. in Horticulture | |
| | M.Phil. | |
| | Ph. D. | |
| | Master of Food & Nutrition | |
| Food Coiones & Toobnology | M.Sc. in Food & Nutrition | |
| Food Science & Technology | Master of Food Science & Technology | |
| | M.Sc. in Food Science & Technology | |
| | M.Phil. | |
| | Ph. D. | |
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| | Master of Environmental Soil Science | | | | | | |
|--|---|--|--|--|--|--|--|
| | M.Sc. in Environmental Soil Science | | | | | | |
| Soil Science | Master of Topical Soil Management | | | | | | |
| | M.Sc. in Topical Soil Management | | | | | | |
| | Master of Soil & Environmental Microbiology | | | | | | |
| | M.Sc. in Soil & Environmental Microbiology | | | | | | |
| | M. Phil | | | | | | |
| | Ph. D. | | | | | | |
| Note: CW- Course Work CW & R – Course Work & Research. | | | | | | | |

| | ive names and addresses of two referees, at urer at the university) | least one o | of whom should have been your |
|-----------------------------|--|----------------------------|--|
| Name | | Name | |
| Address | | Address | |
| | | | |
| | | | |
| Email | | Email | |
| Contact | No | Contact | No |
| should be re of Agricult | eferee reports annexed hereto should be hand equested to send their reports duly perfected, ure under confidential cover. However, if the s should be hand delivered or posted to the F | directly to e sealed en | o the Director, Postgraduate Institute |
| best of my university | y declare that particulars provided by me in knowledge, and that I am not registered in Sri Lanka at the time of this application f study I have applied for; I hereby agree to to me. | for any pon. In the o | ostgraduate degree program in any event of my being selected for the |
| Date: | | S | Signature of applicant |

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Employer Consent Form

| Name of the Applicant | |
|--|---|
| NIC NO: | |
| NOTE: To be completed by the Head of the Ins if applicable. | titute/ Corporation/ Enterprise of the applicant |
| Director Postgraduate Institute of Agriculture University of Peradeniya P.O.Box 55, Old Galaha Road Peradeniya | |
| Forwarded. If selected, the applicant will be given the PGIA. | permission to follow a postgraduate degree program at |
| Address: | |
| | Signature of Head of the Institute/ |
| | Corporation/ Private Enterprise |
| | Designation: |
| Date: | |
| | |
| | |
| | (Please affix official rubber stamp) |

POSTGRADUATE INSTITUTE OF AGRICULURE UNIVERSITY OF PERADENIYA <u>REFEREE'S REPORT - 2023</u>

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

| REFERE | <u>EE(Undergradu</u> | <u>iate Lecturer o</u> | r Supervis | SOr) APPLICANT | |
|--------------|----------------------|------------------------|--------------|---|------|
| Name | | | | Full Name | |
| Title | | | | | |
| Institution | | | | NIC No. of Candidate: | •• |
| Mailing Adda | ess | | | Board of Study | |
| | | | | (Must be the same as that shown on application) | |
| Proposed | Postgraduate Pr | ogram (Circle o | ne) | | |
| M.Sc. | MBA | M. Phil. | Ph. D. | DBA | |
| I, | | hereby | waive my r | right of access to this reference report. | |
| | | | | | •••• |
| | (This | form should he s | sioned by ar | (Signature of applic oplicant before sending to the referee). | ant) |
| | (1ms | joini snoum de s | пънси ву ир | rpucum vejore semung w me rejeree). | |

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.

| a. Ability to master academic work | Below Average | Average | Good | Superior (Top 10%) | Inadequate Opportunity to Observe |
|---|------------------|---------|------|-----------------------|-----------------------------------|
| 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 for years. |
| e. | | I do not know this individual well enough to evaluate. |
| | - · · · · · · · · · · · · · · · · · · · | please add any comments which will assist in applicant should be admitted to the PGIA. |
| | Signature of Deferee with official f | man le |
| | Signature of Referee with official f | TAUK |
| | Date: | |
| | | |

Please enclose the confidential report in the envelope provided and sign after sealing it. <u>The signed envelope</u> 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</u>

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

| REFERE | EE(Undergradu | <u>iate Lecturer o</u> | r Supervis | <u>APPLICANT</u> | |
|--------------|-----------------|------------------------|--------------|--|------------|
| Name | | | | Full Name | |
| Title | | | | | |
| Institution | | | | NIC No. of Candidate: | ••••• |
| Mailing Adda | ress | | | Board of Study | |
| | | | | (Must be the same as that shown on application | 1) |
| Proposed | Postgraduate Pi | ogram (Circle o | ne) | | |
| M.Sc. | MBA | M. Phil. | Ph. D. | DBA | |
| I, | | hereby | waive my r | ight of access to this reference report. | |
| | | | | | |
| | (This | form should be s | signed by an | (Signature of <i>oplicant before sending to the referee</i>). | applicant) |
| | (11113) | joini siiouu oe s | ngnou by up | procure octors seriaing 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 |
|---|------------------|---------|------|-----------------------|------------------------|
| a. Ability to master academic work | | | | | |
| ь. 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 for years. |
| 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 31-01-2024

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

| | Name of Candidate | : |
|---|--|--|
| | NIC No. of Candidate | ÷: |
| | Address | : |
| | Date | ······································ |
| Registrar, | | |
| University of | | |
| | | |
| Dear Sir/Madam, | | |
| <u>Transo</u> | eript of Academic E | <u>Records – 2023</u> |
| I have applied for admission to the pursue a program of study during the | _ | of Agriculture, University of Peradeniya to 3. |
| | d the transcript of my | academic record to the Deputy Registrar, |
| Postgraduate Institute of Agricul | ture, P.O. Box 55, Old | etter when my transcript is forwarded to the |
| Postgraduate Institute of Agriculareach him not later than 31-01-202 | ture, P.O. Box 55, Old | • |
| Postgraduate Institute of Agriculareach him not later than 31-01-202 PGIA. | ture, P.O. Box 55, Old 4. <u>Kindly annex this le</u> | • |
| Postgraduate Institute of Agricultieach him not later than 31-01-202 PGIA. My particulars are as follows, | ture, P.O. Box 55, Old 4. Kindly annex this le | etter when my transcript is forwarded to the |
| Postgraduate Institute of Agricultieach him not later than 31-01-202 PGIA. My particulars are as follows, 1. Name in full | ture, P.O. Box 55, Old 4. Kindly annex this le | etter when my transcript is forwarded to the |

(Signature of Applicant)