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

#### POSTGRADUATE INSTITUTE OF AGRICULTURE

#### UNIVERSITY OF PERADENIYA

#### APPLICATION FOR ADMISSIONS

Academic year – 2025/26 (Peradeniya Intake)

| Please affix |
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| 4cm x 3cm    |
| color        |
| Photograph   |
| (D11         |

(Background should be sky blue)

#### **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 December 2025) 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:  |                |       |           |        |                |          |        |       |           |        |        |       |        |     |         |
|  |                |       |           |        |                |          |        |       |           |        |        |       |        |     |         |
| Name in Full:  |                |       |           |        |                |          |        |       |           |        |        |       |        |     |         |
|  |                |       |           |        |                |          |        | _     |           |        |        |       |        |     | $\perp$ |
|  |                |       |           |        |                |          |        |       |           |        |        |       |        |     |         |
| (Your name should b certificate. Kindly no  2. Home address:   | te that this i | s how | your      | name v | vill app       | ear in y | your ] | postg | radua     | te deg | gree   | certi | ficat  | e.) |         |
| certificate. Kindly no   | te that this i | s how | your      | name v | vill app       | ear in y | your ] | postg | radua     | te deg | gree   | certi | ficat  | e.) |         |
| certificate. Kindly no  2. Home address:   | te that this i | s how | your      | name v | vill app       | ear in y | your ] | postg | radua     | te deg | gree   | certi | ficat  | e.) |         |
| certificate. Kindly no  2. Home address:  Telephone:   | te that this i | s how | your      | name v | will app       | ear in y | your ] | postg | radua<br> | te deg | gree ( | certi | ficat  | e.) |         |
| 2. Home address: Telephone: Personal email:  | te that this i | s how | your      | name v | Mo             | bile No  | your ] | postg | radua     | te deg | gree   | certi | ficate | e.) |         |
| 2. Home address:  Telephone:  Personal email:  Official address:                                     | te that this i | s how | your      | name v | will app       | bile No  | your ] | postg | radua     | te deg | gree ( |       |        | e.) |         |
| certificate. Kindly no  2. Home address:  Telephone:  Personal email:  Official address:  Telephone: | te that this i | s how | your      | name v | will app       | bile No  | your ] | postg | radua     | te deg | gree ( |       |        | e.) |         |
| 2. Home address:  Telephone:  Personal email:  Official address:  Telephone:  Address for correspo   | ndence (Hor    | s how | your your | name v | will app Mo  E | bile No  | ontac  | postg | radua     | te deg |        | certi | ficat  | e.) |         |

| 3. Present employment (Name of designation): |                        |                       |                      |               |       |               |  |  |
|--|------------------------|-----------------------|----------------------|---------------|-------|---------------|--|--|
| 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<br>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                        | <b>ns</b> (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.

| <b>Board of Study</b>    | Name of the Degree Program Offered                 | Tick off ( ✓ ) only ONE (01)<br>program |
|--------------------------|--|---|
|                          | Master of Plant Biology Conservation and Breeding  |   |
| aniantanal Dialaan       | Master of Biotechnology                            |   |
| Agricultural Biology     | M.Phil   |   |
|                          | Ph. D.   |   |
|                          | Master of Agricultural Economics                   |   |
|                          | Master of Environmental Economics                  |   |
| Agricultural Economics   | Master of Natural Resource Management              |   |
|                          | M.Phil   |   |
|                          | Ph. D.   |   |
|                          | Master of Agricultural and Bio-Systems Engineering |   |
| Agricultural Engineering | Master of Geo-Informatics                          |   |
|                          | Master of Integrated Water Resources Management    |   |
|                          | M.Phil   |   |
|                          | Ph. D.   |   |
|                          | Master of Development Communication & Extension    |   |
|                          | Master of Organizational Management                |   |
| Agricultural Extension   | M.Phil   |   |
| agricultural Extension   | Ph.D.  |   |
|                          | Master of Animal Science                           |   |
|                          | Master of Aquatic Bio-Resources Mgt. & Aquaculture |   |
| Animal Science           | Master of Dairy & Meat Product Technology          |   |
| immai Science            | Master of Poultry Science & Technology             |   |
|                          | M.Phil   |   |
|                          | Ph. D.   |   |

|                                | Master of Applied Statistics                      |
|--------------------------------|---|
|                                | Master of Bio-Statistics                          |
| <b>Bio-Statistics</b>          | PG Diploma in Applied Statistics                  |
|                                | M.Phil  |
|                                | Ph. D.  |
|                                | Master of Business Administration (CW)            |
| <b>Business Administration</b> | Master of Business Administration (CW & R)        |
|                                | DBA   |
|                                | Ph. D.  |
|                                | Master of Crop Science                            |
|                                | Master of Environmental Forestry                  |
|                                | Master of Floriculture and Landscape Architecture |
|                                | Master of Tropical Agriculture                    |
| Crop Science                   | Master of Plantation Crop Management              |
| Crop Science                   | Master of Horticulture                            |
|                                | Master of Agroecology                             |
|                                | M.Phil.   |
|                                | Ph. D.  |
|                                | Master of Food & Nutrition                        |
| Food Science & Technology      | Master of Food Science & Technology               |
| Food Science & Technology      | M.Phil.   |
|                                | Ph. D.  |
|                                | Master of Molecular and Applied Microbiology      |
| Plant Protection               | Master of Plant Protection Technology             |
| Tiant Trotection               | M.Phil  |
|                                | Ph. D.  |
|                                | Master of Environmental Soil Science              |
|                                | Master of Topical Soil Management                 |
| Soil Science                   | Master of Soil & Environmental Microbiology       |
|                                | M. Phil   |
|                                | Ph. D.  |
| Note: CW- Course Wo            | rk 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<br>of Agricult  | <b>Note:</b> Forms for referee reports annexed hereto should be handed over to the referees indicated above. They should be requested to send their reports duly perfected, directly to the Director, Postgraduate Institute of Agriculture under confidential cover. However, if the sealed envelopes are given to you personally, such reports should be hand delivered or posted to the PGIA. |             |                               |  |  |  |  |  |
| I do hereby declare that particulars provided by me in this application are true and accurate to the best of my knowledge, and that I am not registered for any postgraduate degree program in any university in Sri Lanka at the time of this application. In the event of my being selected for the program of study I have applied for; I hereby agree to abide by such regulations of the institute as applicable to me. |  |             |                               |  |  |  |  |  |
| 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 – 2025/26</u>

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

| REFERE        | <u>E(Undergradi</u> | <u>iate Lecturer o</u>  | r Supervis   | <u>APPLICANT</u>                       |                     |
|---------------|---------------------|-------------------------|--------------|--|---------------------|
| Name          |                     |                         |              | Full Name                              |                     |
| Title         |                     |                         |              |  |                     |
| Institution   |                     | <b></b>                 |              | NIC No. of Candidate:                  | •••••               |
| Mailing Addre | SS                  |                         |              | Board of Study                         |                     |
|               |                     |                         |              | (Must be the same as that shown on ap  | plication)          |
| Proposed I    | Postgraduate Pr     | <u>rogram</u> (Circle o | one)         |  |                     |
| M.Sc.         | MBA                 | M. Phil.                | Ph. D.       | DBA                                    |                     |
| I,            |                     | hereby                  | waive my r   | ight of access to this reference repor | t.                  |
|               |                     |                         |              | <br>(Sign                              | ature of applicant) |
|               | (This               | form should be s        | signed by ap | plicant before sending to the refere   |                     |

# **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<br>Average | Average | Good | Superior<br>(Top 10%) | Inadequate Opportunity to Observe |
|---|------------------|---------|------|-----------------------|-----------------------------------|
| a. Ability to master academic work          |                  |         |      |                       |                                   |
| b. Ability in oral expression in<br>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 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 15-12-2025

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

## POSTGRADUATE INSTITUTE OF AGRICULURE UNIVERSITY OF PERADENIYA REFEREE'S REPORT - 2025/26

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

| REFEREE         | (Undergradu   | ate Lecturer of   | r Supervis  | sor)              | <b>APPLICANT</b>       |                   |
|-----------------|---------------|-------------------|-------------|-------------------|------------------------|-------------------|
| Name            |               |                   |             | Full Name         |                        |                   |
| Title           |               |                   |             |                   |                        |                   |
| Institution     |               |                   |             | NIC No. of Can    | didate:                |                   |
| Mailing Address |               |                   |             | Board of Study    |                        |                   |
|                 |               |                   |             | (Must be the same | e as that shown on app | lication)         |
| Proposed Po     | stgraduate Pr | ogram (Circle or  | ne)         |                   |                        |                   |
| M.Sc.           | MBA           | M. Phil.          | Ph. D.      | DBA               |                        |                   |
| I,              |               | hereby            | waive my r  | ight of access to | this reference report. |                   |
|                 | (This         | form should he s  | ianed by ar | mlicant hafora sa | . •                    | ure of applicant) |
|                 | (1 ms         | joini snoutu ve s | ідней бу ар | pucani vejore se  | nding to the referee   | <b>.</b>          |

### **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<br>Average | Average | Good | Superior<br>(Top 10%) | Inadequate Opportunity |
|---|------------------|---------|------|-----------------------|------------------------|
| 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 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 15-12-2025

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,   |   |   |
| Trans   | cript of Academic I   | Records – 2025/26   |
|   |   |   |
| I have applied for admission to th  | _   |   |
| I have applied for admission to the pursue a program of study during the Please be good enough to forwar Postgraduate Institute of Agricum reach him not later than 15-12-202   | the Academic Year 2025<br>d the transcript of my<br>lture, P.O. Box 55, Old                             | academic record to the <b>Deputy Registra</b><br>I Galaha Road, Peradeniya, Sri Lanka. T  |
| I have applied for admission to the pursue a program of study during the Please be good enough to forware Postgraduate Institute of Agricu  | the Academic Year 2025<br>d the transcript of my<br>lture, P.O. Box 55, Old                             | academic record to the <b>Deputy Registra</b><br>I Galaha Road, Peradeniya, Sri Lanka. T  |
| I have applied for admission to the pursue a program of study during the Please be good enough to forwar <b>Postgraduate Institute of Agricu</b> reach him not later than 15-12-202 PGIA.   | the Academic Year 2025<br>d the transcript of my<br>lture, P.O. Box 55, Old<br>25. Kindly annex this le | academic record to the <b>Deputy Registra</b><br>I Galaha Road, Peradeniya, Sri Lanka. T  |
| I have applied for admission to the pursue a program of study during the Please be good enough to forware Postgraduate Institute of Agricular reach him not later than 15-12-202 PGIA.  My particulars are as follows,                  | the Academic Year 2025 d the transcript of my lture, P.O. Box 55, Old S. Kindly annex this le           | academic record to the <b>Deputy Registra</b> l <b>Galaha Road, Peradeniya, Sri Lanka</b> . Tetter when my transcript is forwarded to the     |
| I have applied for admission to the pursue a program of study during the Please be good enough to forware Postgraduate Institute of Agricular reach him not later than 15-12-202 PGIA.  My particulars are as follows,  1. Name in full | the Academic Year 2025 d the transcript of my lture, P.O. Box 55, Old S. Kindly annex this le           | academic record to the <b>Deputy Registra</b> nd <b>Galaha Road, Peradeniya, Sri Lanka</b> . The teter when my transcript is forwarded to the |

(Signature of Applicant)