

Ref. No. (for office use only)	
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APPLICATION FOR ADMISSIONS

Academic Year 2025/26 - 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 July 2026) 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 / Passport No:

Rev. / Mr. / Miss. / Mrs. / Dr.

Name with initials:

Name in Full:

(Your name should be tallied with the name appearing in the bachelor degree certificate and the birth certificate. Kindly note that this is how your name will appear in your postgraduate degree certificate.)

2. Home address: _____

Telephone: _____ Mobile No: _____

Personal email: _____

Official address: _____

Telephone: _____ Email: _____

Address for correspondence (Home/Official): _____

Deputy Registrar should be informed immediately of any changes in contact details:

Date of birth: _____ Place of birth: _____

Nationality: _____ Sex : Male ☐ Female ☐

- 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.
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 - 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.

[illegible]

Rev. / Mr. / Miss. / Mrs. / Dr.

[illegible][illegible]

(Your name should be tallied with the name appearing in the bachelor degree certificate and the birth certificate. Kindly note that this is how your name will appear in your postgraduate degree certificate.)

Mobile No: _____

Email: _____

Deputy Registrar should be informed immediately of any changes in contact details:

Place of Birth: _____

3. Present employment (Name of designation): _____

4. Name and address of employer: _____

5. Employment record (List your most recent position first):

Name and address of employer	Position / Rank	Period		Nature of duty
		From	To	

6. Educational/ professional qualifications (Copies of certificate/s should be attached):

University	From	To	Degree	Field	Class / Pass

7. List of publications (attach a separate sheet if the space given here is inadequate):

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
Bio-Statistics	Master of Applied Statistics	
	M.Sc. in Applied Statistics	
	Master of Bio-Statistics	
	Master of Applied Statistics	
Food Science & Technology	Master of Food & Nutrition	
	M.Sc. in Food & Nutrition	
	Master of Food Science & Technology	
	M.Sc. in Food Science & Technology	
Crop Science	M.Sc. in Agroecology	
	Master of Agroecology	
	M.Sc. in Environmental Forestry	
	Master of Environmental Forestry	

9. References: (Give names and addresses of two referees, at least one of whom should have been your teacher at the university)

Name :.....

Name :.....

Address :.....

Address :.....

.....
.....

.....
.....

Email :.....

Email :.....

Contact no.

Contact no.

Note: 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:

.....

Signature of applicant

Employer Consent Form

Name of the Applicant

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NIC NO:

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NOTE: To be completed by the Head of the Institute/ Corporation/ Enterprise of the applicant if applicable.

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

Forwarded. If selected, the applicant will be given permission to follow a postgraduate degree program at the PGIA.

Address:

.....

.....

.....

Signature of Head of the Institute/

Corporation/ Private Enterprise

Designation :.....

Date:

.....

(Please affix official rubber stamp)



POSTGRADUATE INSTITUTE OF AGRICULTURE
UNIVERSITY OF PERADENIYA
REFEREE'S REPORT FORM

SECTION 'A'

(This section should be completed and signed by applicant before sending to the referee)

Name of Applicant:

Identity Card Number:

Board of Study:

Phone:

E-mail:

Proposed Postgraduate Program (ticking (v) the box)

Master	☐	M.Sc.	☐	MBA	☐	M.Phil.	☐	DBA	☐	Ph.D.	☐
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I, hereby waive my right of access to this reference report.

.....
Signature of Applicant

Date:

SECTION 'B'

(to be completed by the Referee)

Name of Referee:

Designation and Institution:

Address:

Phone:

E-mail:

How do you know the applicant? Please select the appropriate option(s) by ticking (✓) the box(es).

This student was enrolled in my undergraduate course(s)	
This student was enrolled in my postgraduate course(s)	
I served as this student's undergraduate advisor or project/research advisor	
I supervised or directed the applicant's work for years as employee	
I have not taught the applicant; however, I have known the person for years	
I do not know this individual well enough to provide an evaluation	

We are seeking insights into the applicant's suitability for an academic program. Please assess their relevant experience and skills by ticking (✓) the box that best represents your opinion. Compare the applicant with a representative group of students you have known who are similarly qualified for graduate study and possess comparable experience and training.

	Excellent (top 10%)	Very Good	Average	Below Average	Unable to Evaluate
Ability to master academic work					
Ability in oral and written expression in English					
Ability to organize workload					
Ability to do independent and collaborative work					
Emotional stability and maturity					
Critical thinking, data analysis and creativity					

Please indicate (✓) where the applicant would rank among the students currently in your Department/Institution:

Top 1%		Top 5%		Top 10%		Top 25%		Other	
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Please indicate your overall evaluation of the applicant:

Strongly Recommended		Recommended with Reservation	
Recommended		Not Recommended	

Signature of the Referee with official frank: Date:

.....

Kindly place the confidential report in the provided envelope, seal it, and sign across the seal. The signed envelope can either be given to the applicant to include with their application or mailed directly to the address provided below. **Director, Postgraduate Institute of Agriculture, P.O. Box 55, Old Galaha Road, Peradeniya**

This application along with the necessary payment should be sent by the applicant to the University/Institute where the applicant has obtained Bachelor Degree or equivalent qualifications.

Name of Candidate :
NIC No. of Candidate:
Address :
.....
Date :

Registrar,
University of
.....

Dear Sir/Madam,

Transcript of Academic Records – 2024/25 (Colombo Intake)

I have applied for admission to the Postgraduate Institute of Agriculture, University of Peradeniya to pursue a program of study during the Academic Year 2024.

Please be good enough to forward the transcript of my academic record to the **Deputy Registrar, Postgraduate Institute of Agriculture, P.O. Box 55, Old Galaha Road, Peradeniya, Sri Lanka** to reach him not later than **31-07-2026**. Kindly annex this letter when my transcript is forwarded to the PGIA.

My particulars are as follows,

- 1. Name in full :
- 2. Name of Degree :
- 3. Date of Admission :
- 4. Date of Final Examination :

A receipt in support of payment for this transcript is enclosed.

Yours faithfully,
.....
(Signature of Applicant)