**APPLICATION FOR ADMISSION TO POSTGRADUATE PROGRAMS**

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| **For Office Use Only** | **Application No** |  |
| **Receipt No.** |  |

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| **NAME OF THE PROGRAM** |  |

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| **1. PERSONAL INFORMATION** | | | |
| **Full Name (Rev/Mr/Ms/Mrs)** |  | | |
| **Date of Birth** |  | **N.I.C No** |  |
| **Permanent Address** |  | **Land Phone** |  |
| **Mobile Phone** |  |
| **WhatsApp No** |  |
| **Address For Correspondence** |  | **Fax** |  |
| **Email** |  |

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| **2. EDUCATIONAL QUALIFICATIONS** | | | | | |
| **University** | **Degree/Diploma** | **Year** | **Major fields** | **Medium of Study** | **Grading/Pass** |
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| **3. PROFESSIONAL QUALIFICATIONS** | | |
| **Qualification** | **Institution** | **Year** |
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| **4. EMPLOYEMENT RECORD** | | | | |
| **Name & Address of Current Employer** |  | | | |
| **Designation** |  | **Period Of Service** |  | |
| **Details Of Previous Employment** | **Organization** | **Designation** | **From** | **To** |
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| **5. ANY OTHER RELAVANT INFORMATION** |
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I certify that the above particulars given by me are true and accurate to the best of my Knowledge and I am prepared to abide by the rules and regulations of the National institute of Library and Information Sciences.

Date ................................... Signature ..........................................

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| **6. APPROVAL OF THE HEAD OF THE DEPARTMENT** |
| I give permission to Rev./Mr./Ms./Mrs…………………………………………………………. of this Organization / Institute to follow the ( Name of the course for which he/she is applying) ………………..  Official Stamp  …………………………………………………………  Name ………………………………………………….  Signature ……………………………………………...  Designation ……………………………………………  Date …………………………………………………… |

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| **7. (For applicants for Master in Teacher Librarianship only.)** Applications from government schools must be forwarded through the relevant zonal education officer.If not, they will not be considered. |
| I forward the application of Rev./Mr./Ms./Mrs …………………………………………………………… Forwarding Officer’s,  Name ………………………………………………….  Official Stamp  Signature ……………………………………………...  Designation ……………………………………………  Date …………………………………………………… |

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| **8. Please deposit Rs.3000 as Application Processing Fee at the Account No.086100101191736 of Peoples Bank - Thimbirigasyaya Branch and paste the original receipt in the space provided below.** |
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