

National Institute of Library and Information Sciences University of Colombo, P.O. Box 1698, Colombo 03, Sri Lanka



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Applicati	ion for Postgraduate Prog	grammes 20	18/2019	9			
		App. No.					
Receipt No).				
NAME OF THE PROGRAMME				FULL TIME PART TIME			
1. PERSONAL DATA							
Name in full (Rev/Mr/Mrs/Miss)							
Date of birth	N.I.C. NO.						
Permanent address			Telephone				
		Mobile					
	Fax						
	E-mail			nil			
		Telephone					
Address for		Mobile					
correspondence		Fax					
			E-mail				
2. EMPLOYMENT R	ECORD						
Name & address of current employer							
Designation		Period of Service: Designation from to					
	Organisation	Designation	from		to		
Details of previous employment/s							

3. EDUCATIONAL QUALIFICA	TIONS					
Qualification	University	Year	Class			
4 DDOEESSIONAL QUALIEIO	TATIONS					
4. PROFESSIONAL QUALIFIC Qualification		Institution/Organisation Year				
Quantication	Institution/Organ	119411011	1 Cui			
5. ANY OTHER RELEVANT INFORMATION						
certify that the above particulars giv						
and I am prepared to abide by the rules and regulations of the National Institute of Library and Information Sciences.						
mormation belefices.						
Date:						
Q						
Signature of applicant						