

For Office Use Only

National Institute of Library and Information Sciences University of Colombo, Sri Lanka

Post: University of Colombo, Colombo 03, Sri Lanka

Tel: +94 11 2507150, Fax: +94 11 2559285

Web: www.nilis.cmb.ac.lk, Email: info@nilis.cmb.ac.lk

APPLICATION FOR ADMISSION TO POSTGRADUATE COURSES

• All lectures will be conducted via online mode until further notice.

Application No

Receipt No.

| NAME OF THE PROG | RAMME | | | | | | | | | |
|------------------------------|--------------------|--|------|--------------|--------------|-------------|--------------|------------------|--|--|
| 1. PERSONAL INFOR | MATION | | | | | | | | | |
| Full Name (Rev/Mr/ | Ms/Mrs) | | | | | | | | | |
| Date of Birth | | | | N.I.C No | | | | | | |
| Permanent Address | | | | Land Phone | | | | | | |
| | | | | | Mobile Phone | | | | | |
| Address For Correspondence | | | | Fax | | | | | | |
| | | | | | Email | | | | | |
| 2. EDUCATIONAL QUALIFICATION | | | | | | | | | | |
| University | Degree/Diplom a | | Year | Major fields | | Med Stud | ium of dy | Grading /Pass | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

| 3. PROFESSIONAL QUALIFICATION | | | | | | |
|--|-----------------|------|----------------------|------|----|--|
| Qualification | Institutio | Year | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 4. EMPLOYEMENT REC | CORD | | | | | |
| Name & Address of Current Employer | | | | | | |
| Designation | | | Period Of Service | | | |
| Details Of Previous Employment | Organizatio | on | Designation | From | То | |
| Employment | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 5. ANY OTHER RELAVA | ANT INFORMATION | ı | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| I certify that the above p and I am prepared to al Information Sciences. | | | | - | _ | |
| | | | | | | |
| Date | | | Signature | | | |

| receipt in the space provided below. | | | | | |
|---|-------------------------|--|--|--|--|
| | | | | | |
| | | | | | |
| | | | | | |
| 7. APPROVAL OF THE HEAD OF THE DEPARTMENT | NT | | | | |
| | | | | | |
| I give permission to Rev./Mr./Ms./Mrs of this Organizat | | | | | |
| / Institute to follow the (Name of the course for | | | | | |
| which he/she is applying) | Official Stamp | | | | |
| | | | | | |
| Name | | | | | |
| Signature | | | | | |
| | | | | | |
| Designation | | | | | |
| Date | | | | | |
| O. P P C Billion of a C. T | de a da Vandarda a fara | | | | |
| 8. For applicants for Master in Teacher Librarians government schools must be forwarded throu | | | | | |
| not, they will not be considered. | | | | | |
| I forward the application of Rev./Mr./Ms./Mrs | | | | | |
| Forwarding Officer's, | | | | | |
| Name | Official Stamp | | | | |
| Signature | Official Stamp | | | | |
| Designation | | | | | |
| Date | | | | | |
| | | | | | |

6. Please deposit Rs.1000 as Application Processing Fee at the Account No.086100101191736 of Peoples Bank - Thimbirigasyaya Branch and paste the original

Perfected applications should reach the

" Senior Assistant Registrar
National Institute of Library and Information Sciences (NILIS)
University Of Colombo
Colombo 03 "