



Registration form MPhil / PhD

Personal Details

Name in Full (Mr./Mrs./Miss) : -----
 N.I.C. No. : -----
 Permanent Address : -----

 Correspondence Address : -----

 Telephone Number :
 Residence : Mobile: Office :
 E-Mail Address :

Employment Details

Present Post : -----
 Official Address : -----

Course Details

Name of the Degree : -----
 Medium : -----
 Title of Thesis (in English) : -----

 (in Tamil – if medium is Tamil) ----- :

 Name of the Supervisor/s : -----
 Name of the Co-supervisor (if any) : -----
 Name of the Consultant (if any) : -----
 Enrollment (Part Time / Full Time) : -----

Grant Details (if any)

Name of Grant :

Total Amount of Grant :

Valid Period for Grant (from – to) :

Whether Grant is received by student directly OR from Supervisor :

(Should submit a copy of letter of Grant)

Other Details

Have you been registered for a Postgraduate Degree/Diploma/any other examination in this or in any other University? YES / NO

If so give details:

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Any other relevant information :

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Applicant's declaration

I do hereby certify that the information furnished herein is true and correct to the best of my knowledge. In the event of my application being accepted for registration for the above Degree, I am aware that I will be bound by the rules and regulations already made or that may hereafter be made on governing the award of higher Degree of the University of Jaffna, Sri Lanka.

Date :

Signature of the Applicant :