FORM 1

University of Jaffna – Sri Lanka
Faculty of Graduate Studies

APPLICATION FOR ADMISSION
MPhil/PhD Research Programme – 2026

1. Programme Details

Degree applied for (MPhil / PhD) :

Subject / Field of Study:
(If the proposed field of study is not directly relevant to the specialization, give justification)

Enrollment sought (Part time / Full Time) :

Medium chosen to pursue this study (English/Tamil) :

Proposed Title of thesis :

Translation of the title in English (If the chosen Medium is Tamil)

*** Research proposal of the proposed work should be submitted along with the application (Please use separate sheet. Format for preparation of the research proposal is herewith attached)**

2. Applicant's suggestion for the followings (Optional)

Name of the Supervisor :

Name of the Co-Supervisor (if necessary):

Name of the Consultant/Advisor(if necessary) :

(*Please note that supervisors should be a permanent academic staff of the University of Jaffna with specialization relevant for your research topic. The final decision would be taken by relevant Board of Study, Faculty Board and Senate in appointing supervisors.*)

3. Personal Details

Full Name (in English):
(Block Letters)

Permanent Address :

Correspondence Address (if different) :

Contact Number :
Residence : Mobile: Office :

E-Mail Address :

Gender : Civil Status : Date of Birth :

Ethnicity: Nationality : Religion:

National Identity Card No. :

4. Educational Qualifications (Please attach certified photo copies):

(a) First Degree

Name of the Degree	Specialization	Name of the University/ Institution	Duration	Effective Date	GPA/Class

Title of Dissertation (which was submitted at your first degree)

(b) Postgraduate Degrees / Diplomas

Name of the Degree/Diploma	Specialization	Name of the University/ Institution	Duration	Effective Date	GPA/Class

Title of Dissertation (which was submitted at your postgraduate degrees)

5. Employment History :

(Please list in chronological order with current / most recent employer first)

Date (From / To)	Name of Institution and Official Address	Position held

6. Other Achievements (Awards, Scholarships, Participation in National/International Conferences, etc.) with relevant years

7. Publications

Title	Journal	Year

8. Presentations in Conference and Seminars

Title	Event	Year

9. Names & Addresses of Referees (one should be from your academic career) – The forms for Referee Reports annexed here to should be handed over to the referees indicated below.
**** [Proposed Supervisor/Co-supervisor/ Consultant should not be a referee]**

First Referee	***Second Referee***
Name	Name
Designation	Designation
Address	Address
Contact No.	Contact No.
e-mail	e-mail
Applicant's relationship	Applicant's relationship

10. Give reasons for wishing to follow the research programme and its relationship to your past experience and your intensions for future. (Please use separate sheet if need)

11. Other Details

Have you been registered for a Postgraduate Degree/Diploma/any other examination in this or in any other University?

If so give details:

Any other relevant information :

12. 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 : ……*

13. If the candidate is a staff member of any University in Sri Lanka

[A] Clarification from the Deputy Registrar / Academic Establishment
(Regarding service, other postgraduate programmes, eligibility etc.)

(i) Service Period : .....

(ii) Nature of Service : Permanent / Temporary

(iii) If she /he registered for any postgraduate programme in any other Institutions, please specify :

(iv) Available Study Leave period : .....

Date :…… *Signature of the DR / Academic Establishment : .....*

[B] Recommendation of the Head of the Department

(Regarding leave/release, departmental needs)

Date :…… *Signature of the Head of the Department :* .....

[C] Recommendation of the Dean of the Faculty of the respective department:

(Regarding leave/release, departmental needs)

Date :…… *Signature of the Dean :* .....

[D] Recommendation of the Vice Chancellor of the University

(Regarding leave/release, departmental needs)

Date :…… *Signature of the Vice Chancellor :* .....

14. If the candidate is a staff member of any other Institution / Organization

Recommendation of the Head of the Institution / Organization

(i) If the candidate is employed and applied for **full time** study, he/she **should annex a letter** from the employer stating that the candidate **would be granted study leave** to do the proposed research work.)

(ii) If the candidate is employed and applied for **full time / part time** study, he/she **should submit** the application with the recommendation of the Head of the Institution by filling the following section.

Forwarded the application. If selected, the applicant will be given permission to do the research at the Faculty of Graduate Studies, University of Jaffna in ☐ **part time** ☐ **full time** mode.

Date :…… *Signature of the Head of the Institution :* .....

Official Stamp :

Check List

1) **Duly Filled Application** --------- ☐
2) **Evidence of certified copies of Educational Qualification(s)**
   - i) **Statement(s)**---------- ☐
   - ii) **Certificate(s)**---------- ☐
3) **Referee Reports**
   - i) **Report 1** ---------- ☐
   - ii) **Report 2** ---------- ☐
4) **Research Proposal in given format** ☐

Checked above details. Complete Application ☐ **Incomplete Application** ☐

Note : Incomplete application will not be accepted.

…… **.....**

Date **Signature of the Senior Assistant Registrar**
Faculty of Graduate Studies