



**Specimen Application Form**  
**Ministry of Education and Higher Education**

**Foreign Master’s Scholarship programme for officers of Sri Lanka Education Administrative Service, Sri Lanka Teacher Educators’ Service and curriculum developers of N.I.E. under the World Bank funded General Education Modernization Project**

1. (i) Name with initials:  
.....

(ii) Name in full:  
.....

2. (i) NIC Number: ..... (ii) Sex: .....

3. (i) Service of the officer :..... (ii) Class :.....

(iii) Subject area :.....

(iv) Present Post : .....

4. Address

(i) Official :  
.....  
.....

(ii) Private:  
.....  
.....

5. Telephone: (i) Official : ..... (ii) Mobile : .....

6. E-mail : .....

7. (i) Date of first appointment : .....

(ii) Date of confirmation : .....

(iii) Date of appointment for present service :.....

(iv)Period of Service (from the date of appointment to the closing date of application)

Days: ..... Months: ..... Years: .....

8. (i) Date of Birth:

Date: ..... Month: ..... Year: .....

(ii) Age (as at 22 /02/ 2019):

Days: ..... Months: ..... Years: .....

9. Education Qualifications

- (i) Course/Degree : .....
- (ii) University / Institution : .....
- (iii) Year of qualified : .....
- (iv) Medium of the degree : .....

10. Professional Qualifications

- (i) Course : .....
- (ii) Institution : .....
- (iv) Year of qualified : .....

11. English Proficiency

- (i) Highest English qualification :
- (ii) Institute :
- (iii) IELTS level (if you have) :

12. Computer Proficiency

- (i) Highest qualification :
- (ii) Institute :

11. Name of the Master Degree Programme and subjects you wish to follow:

- (i) Name of the Master Degree: .....
- (ii) Subjects: 1) .....  
2) .....  
3) .....
- (iii) University / Institution : .....

12. State whether you have already bear a master degree or registered to follow a master degree:

If “Yes” provide details:

- (iv) Course
- (v) Institution
- (vi) Registered year
- (vii) Completed date
- (viii) Funded by :

I certify that the above particulars are true and correct to the best of my knowledge.

.....  
Date

.....  
Signature of the Applicant

I certify that Rev./Mr./Mrs./Ms. ....  
..... is serving as a .....  
..... (Post) at .....  
..... (Name of the  
Institution) with effect from ..... and his/her last salary was paid from .....  
..... if he / she got selected to this course, He/She can be/  
cannot be released to follow the above course of study.

I recommend / do not recommend the study leave required for the applicant (If you do not  
recommend study leave, please give reasons).

.....  
.....  
.....

Recommended / Not Recommended.

Date : .....

Assistant Director General  
(Signature and the Official Stamp)

Recommended / Not Recommended.

Date : .....

Director General  
National Institute of Education  
(Signature and the Official Stamp)