



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) Cadre of the Service : (iv) If you are in special cadre,
your subject area :

SLEAS	General	
	Special	

(v) Present Post :

4. Address

(i) Official :

(ii) Private:

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

6. E-mail :

7. Province :

8. (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:

9. (i) Date of Birth:

Date: Month: Year:

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

Days: Months: Years:

10. Education Qualifications

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

11. Professional Qualifications

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

12. English Proficiency

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

13. 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 fromand 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 :

Director of Education / Zonal Director of Education /
(Signature and the Official Stamp)

Recommended / Not Recommended.

Date :

Addl. Secretary / Provincial Director of Education
(Signature and the Official Stamp)