



**General Sir John Kotelawala Defence University**  
**Faculty of Graduate Studies**  
**Application for MPhil & PhD Degree programs**

**PERSONAL DATA**

1.	<b>Surname:</b>
2.	<b>Given Names:</b>
3.	<b>Name with initials:</b>
4.	<b>Date of Birth:</b>
5.	<b>Civil status: Single/Married</b>
6.	<b>Gender: Male/Female</b>
7.	<b>Citizenship:</b>
8.	<b>Service Type : (Army/Navy/Air force/Police/Civil- Public sector or Civil Private sector):</b>
9.	<b>Rank: (General/Major General/Lt General/Brigadier/Col/Lt Col/Major/Captain/Lt/2<sup>nd</sup> Lt):</b>
10.	<b>Title: Dr/Mr/Mrs/Miss/MS</b>
11.	<b>NIC Number:</b>
12.	<b>Address (official):</b>
13.	<b>Address (residential):</b>
14.	<b>Tel (residence):</b>
15.	<b>Mobile No:</b>
16.	<b>E Mail Address:</b>
17.	<b>Intake Year:</b>

**Educational Qualifications (Certificates to be attached)**

	<b>Institution</b>	<b>Name of the Degree</b>	<b>Duration (2yrs/4 yrs)</b>	<b>Period from to</b>
18				
19				
20				

**MEMBERSHIP OF PROFESSIONAL INSTITUTIONS**

	<b>Institution</b>	<b>Membership Category</b>	<b>Year of admission</b>
21			
22			

23			

**OTHER QUALIFICATIONS (IF ANY)**

24			
25			
26			

**PRESENT EMPLOYMENT**

27	ORGANIZATION:		
28	DATE OF JOINING:		
29	DESIGNATION		

**PREVIOUS EXPERIENCE AFTER OBTAINING THE DEGREE**

	COMPANY	DESIGNATION	DURATION
30			
31			
32			
33	<b>How do you wish to register for the degree: (Full time or part time):</b>		
34	<b>Whether study leave available (letter of confirmation shall attached):</b>		
35	<b>How do you finance your program: (Private funds/ Organization) Specify:</b>		
36	<b>If sponsored by an organization, specify the component:</b>		

**PROPOSED RESEARCH**

37	<b>Proposed tentative title of the research:</b>
38	<b>Brief description of the intended proposed research:</b>
39	<b>Specify the Subject discipline: (Defence Studies/Medicine/ Allied Health Science/Engineering/Law/ Management, Social Sciences and Humanities/Computing/ Built Environment and Spatial Science/ Multidisciplinary Studies):</b>
40	<b>Name/s of the Proposed supervisor (if known):</b>

---

**CERTIFICATION BY THE APPLICANT**

---

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

.....

.....

**Signature of the Applicant**

**Date**

---

**RECOMENDATION OF THE HEAD OF THE DEPARTMENT/INSTITUTE**

---

**Name of the Head of the Department/Institute:**

**Signature:** .....