

Eastern University, Sri Lanka (EUSL)

Application Form

MASTER OF SCIENCE IN SCIENCE EDUCATION -MSc. (Sc. Ed.)

(A)	rersonal
01	Full Name:
02	Address and Contact details
	(i) Official:
	(ii) Private:
	(iii) E-mail:
	(iv) Tel: Official: Private: Mobile:
03	NIC No:
04	Date of Birth:
05	Gender: Male / Female
06	Whether citizen of Sri Lanka: Yes / No;
	If you select 'No' then your passport number:
07	Marital status:

(B) Educational Record (Attach certified true copy)

Qualification	Institution	Year		Degree/ Diploma	Class/Crada
		From	To	Diploma	Class/Grade

Designation	Institution/Department	Ye	ear	Task	D1-
		From	То		Remar
search, Publicati	ons, Communication, etc	. (Attach a se	parate shee	et if necessar	
					Remark

(E) Language Proficiency

	Language	Highest Examination Passed	Other Qualifications
01			
02			
03			

(F) l	Declaration of Applicant
.,	of
(a)	The information provided in my application for Master of Science in Science Education is true and correct to the best of my knowledge, information and belief;
(b)	I have enclosed the relevant information with the above mentioned application; I have not made another application for the same.
Sigı	nature of Declarant: Date:

(G) Declaration by the Head of the Institution/Department