Application Form for PG Diploma/MSc. in Telecommunications 2023 Intake

Applicants are requested to complete and digitally sign this PDF form using a compatible PDF software (eg. Adobe Acrobat Reader). Incomplete or incorrectly filled applications will not be processed. Visit http://www.ent.mrt.ac.lk/msc-telecom for more information and application guidelines.



Section 1: Personal Information

Section 1: Personal inio	rmation				
Title					
Full Name					
Name with Initials					
Date of Birth					
National ID Card No					
Home Address					
Office Address					
Mobile Number					
WhatsApp Number					
Telephone (Home)					
Telephone (Office)					
E-mail			•		
Address Preferred for	Home Address		Office	e Address	
Correspondence					
	ormation (Program of Study)			<u>, </u>	
Indicate the type of qu	alification you are applying for	PG Diplom	na		MSc
Indicate the applicable	mode of study for the MSc	Part time			Full time
Are you registered for a	any other postgraduate program	n?			
If 'Yes' please give deta	ails				
Section 3(a): Academic	Qualifications				
A. First Degree (Major)					
University / Institute					
Degree Duration	From		t	to	
Degree Title					
Degree					
classification/Grade/GI	PA				

B. Postgraduate Level (Major)			
University / Institute			
Degree Duration	From	to	
Degree Title			
Degree			
classification/Grade/GPA			

Section 3(b): Professional Qualifications

Institute	Sates of Membership	Date of Election

Section 4: Details of Relevant Work Experience After the Effective Date of Your First Degree (starting from the most recent)

Organization (name/address)	Period (from – to)	Designation	Nature of work

(provide details and	-	uch as research/publications, presentation	ons, awards etc.
Section 5: Finances			
Funding Source	Self Funded		
	Francisco de la Companya del Companya de la Companya del Companya de la Companya		
	Funded by the Empl	oyer	
If funded by the Emr	l oloyer, please specify the r	name of the company.	
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Section 6: Referees			
		related referees below. The referees may be	called upon to provide
	demic abilities as a postgradu		
Referee 1 Name		Referee 2 Name	
Address		Address	
Addiess		Address	
Telephone		Telephone	
Telephone Email		Telephone Email	
Email	a of Applicant		
Email Section 7: Declaration		Email	
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Email Section 7: Declaration declare that the inform Date For Official Use Only Applicant No Application Category	nation furnished above is true	Email e and complete.	