Application Form for PG Diploma/MSc. in Telecommunications 2025 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 Info	rmation					
Title						
Full Name						
Name with Initials						
Date of Birth						
National ID Card No						
Home Address						
Office Address						
Office Address						
Mobile Number						
WhatsApp Number						
Telephone (Home)						
Telephone (Office)						
E-mail						
Address Preferred for	Home Add	dress		Offi	ice Address	3
Correspondence						
Section 2: Academic Inf						
Indicate the type of qualification you are applying for			PG Diploma			MSc
Indicate the applicable mode of study for the MSc		cudy for the MSc	Part time			Full time
Are you registered for	any other p	ostgraduate program	າ?			
If `Yes' please give details						
Section 3(a): Academic	Qualification	ons				
A. First Degree (Major)						
University / Institute						
Degree Duration		From		to		
Degree Title					•	
Degree						
classification/Grade/G	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

Other relevant exper (provide details and		uch as research/publications, presentations	s, awards etc.			
Section 5: Finances Funding Source	Self Funded					
0						
	Funded by the Empl	yyer				
If funded by the Emp	ployer, please specify the r	ame of the company.				
Section 6: Referees						
		related referees below. The referees may be ca	lled upon to provide			
Referee 1	lemic abilities as a postgradu	Referee 2				
Name		Name				
Address		Address				
7 10 01 000		1				
Telephone		Telephone				
Email		Email				
Section 7: Declaration						
	nation furnished above is true					
Date		Signature				
		·				
For Official Use Only						
Applicant No						
Application Category	<u>'</u>					
Qualified Comments						
Comments						