**University of Jaffna, Sri Lanka**

**'Capacity Building and Establishment of a Research Consortium**

**in Nanomaterials for Clean Energy Technologies’ Project**

*Application for Postgraduate Research Studentship*

|  |
| --- |
| 1. (a) Name with initials (Mr/Mrs/Miss):-

(b)Name in Full:-  |
| 1. Postal Address:-

  |
| 1. (a) T.P No: - (b) e-mail:-
 |
| 1. (a) Date of Birth:-…./…./……… (b) Age at the date of Application closure:-

 Yrs:-…………. Months:-…….. Days: - ………. |
| 1. (a) Civil status:-…………………… (b) NIC No: - …………………………
 |
| 1. Educational Qualification – School Education

 GCE (O/L) Examination sat in year 20……

|  |  |  |
| --- | --- | --- |
| School / College | Medium  | Grades |
| Maths  | Science  | English  | English literature  | ICT |
|  |  |  |  |  |  |  |

 Overall Result:- GCE (A/L) Examination sat in year 20……

|  |  |  |
| --- | --- | --- |
| School / College | Medium  | Grades |
| Maths  | Physics  | Chemistry | English  | ICT |
|  |  |  |  |  |  |  |

 Overall Result:  |
| 1. Educational Qualification – University Education

 Undergraduate Education: Special Degree in …………………….. Class:- ………………………… .

|  |  |  |  |
| --- | --- | --- | --- |
| University  | Duration  | Subjects offered | Results (GPA) |
| 1G | 2G | 3G/3M | 4M | Overall |
|  |  |  |  |  |  |  |  |

 Title of the research Project:- Supervisor(s):- |
|  Educational Qualification – University Education Postgraduate Education

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| University  | Name of the degree | Duration of study with dates | Full time or Part time | Number of Credits for research  | OGPA |
|  |  |  |  |  |  |

 Title of the research Project:- Supervisor(s):- |
| 1. Any other Academic Distinctions, Scholarships, Medals, Prizes etc. (Indicate the Institution from which such awards have been obtained)
 |
| 1. Research & Publications, if any :(If space is insufficient, please use separate sheet of same size)
 |
| 1. Employment records :-

 Please attach additional sheets, if necessary

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Post | Organization  |  PeriodFrom - To  | Salary Point & Salary Scale  | Description of Duties |
|  |  |  |  |  |

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| 1. (a)No of years of Experience in the use of Computer Applications:-……………….

 (b) Packages known:-………………………. |
|  I certify that the particulars given by me in this application are true & correct. I am aware that if any particulars are found to be false or inaccurate prior to my selection, my application will be rejected and if any particulars are found to be false or incorrect after my selection, I will be terminated from the service without any compensation. …./…../……… ………..... …………………..  Date Signature of the Applicant  |