



SLIDA

School of Postgraduate Studies (SPS)



Master of Public Management (MPM) 2024-2026 / 2024-2025

Admission Application

Registration Number		FOR OFFICE USE ONLY
Programme	Master of Public Management (MPM)	
(Please mark ✓ in cage) One Year Programme (Course Work) <input type="checkbox"/> Two Year Programme with Research <input type="checkbox"/>		

Full Name (in capitals)

** Please underline the names you prefer to appear on documents.*

Name with Initials – Rev./Dr./Mr./Ms.

Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>
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Date of Birth	<table style="display: inline-table; border-collapse: collapse;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="text-align: center; font-size: small;">dd</td><td style="text-align: center; font-size: small;">mm</td><td style="text-align: center; font-size: small;">yy</td><td></td></tr> </table>					dd	mm	yy		Age as on December 15,2023	<table style="display: inline-table; border-collapse: collapse;"> <tr><td style="border: 1px solid black; width: 30px; height: 20px;"></td></tr> <tr><td style="text-align: center; font-size: small;">Years</td></tr> </table>		Years
dd	mm	yy											
Years													

National Identity Card No.	
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Contact details

	Residence	Office*
Address		
E-mail		
Fax		
Telephone	Residence	Office
		Mobile

* Please indicate whether from the Public/ Private/ Semi. Gov. / NGO sector

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Academic Qualifications (Masters/Degree/etc.) *

Masters/Degree	Institute	Year	Specialization	Grade

Professional Qualifications (Diploma, etc.) *

Diploma/Professional Membership	Institute	Year	Specialization	Grade

* Please attach copies of certificates.

Details of present employment and the positions held during the last 10 years.

Name and Address of Organization	Designation	Service (Ex: SLAS/SLAcS etc.)	Employment Period	
			From	To

How did you come to know about the MPM Program?

<input type="checkbox"/> Friends <input type="checkbox"/> Letter from SLIDA <input type="checkbox"/> SLIDA Web page <input type="checkbox"/> Advertisement
<input type="checkbox"/> Employer <input type="checkbox"/> SLIDA Brochure/Poster <input type="checkbox"/> Others (<i>please specify</i>)
<p>What is your objective of attending this program?</p> <input type="checkbox"/> For professional development <input type="checkbox"/> update current management trends <input type="checkbox"/> Better career prospects <input type="checkbox"/> Enhance job performance <input type="checkbox"/> Others (<i>please specify</i>)

<p>I agree to :</p> <ul style="list-style-type: none"> ▪ Comply with the rules, regulations, and academic arrangements of SLIDA. ▪ Notify the SPS in case of any change in the information given in this application. <p>I understand that :</p> <ul style="list-style-type: none"> ▪ The documents submitted with this application become the property of SLIDA. ▪ SLIDA may change or revoke any decision if the information supplied by me is found to be incorrect. <p>I declare that the information given by me in this application is true and accurate.</p> <p>Signature </p> <p>Date </p>

Comments from employer, (if employer sponsored only).

Strongly recommend

Recommended with conditions

Recommend

Do not recommend

.....
Employer's Signature

Date:

Name:

Designation:

Office Address:

Your completed application with photocopies of Educational and Professional qualifications should be sent under registered cover to reach the following address on or before **15th December 2023**.

Academic Coordinator/Registrar

School of Postgraduate Studies (SPS)
Sri Lanka Institute of Development Administration (SLIDA)
28/10, Malalasekara Mawatha
Colombo 07.