**department of Facilities Management**

**Faculty of Architecture, University of Moratuwa**

**APPLICATION FOR POSTGRADUATE STUDIES**

**MSc / PG Diploma in Occupational Safety and Health Management**

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| **PERSONAL INFORMATION** | | | | | | | | | | | | | | | | | | | |
| 1. **Title**   Mr.  Ms. | **2. Name in Full (BLOCK LETTERS):** | | | | | | | | | | **4. Date of Birth** | | | | | | | | |
| **yy.** | | | | **mm.** | | | **dd.** | |
| **3. Name with Initials (BLOCK LETTERS):** | | | | | | | | | | **5. Age** | | | | | | |  | |
| **6. National Identity Card No** | | | | | | |  | |
| **7. Contact Details** | | | | | | | | | | | | | | | | | | | |
| **7(a) Home Address** | | | | | | | **7(b) Official Address** | | | | | | | **7(c) Contact Address** | | | | | |
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| **Tel:** | | | | | |
| **Tel/Fax:** | | | | | | | **Mobile:** | | | | | |
| **Tel:** | | | | | | | **Email:** | | | | | | | **Email:** | | | | | |
| **PREVIOUS EDUCATIONAL QUALIFICATIONS (Please Attach Copies of Certificates and Academic Transcripts)**  **Note: Academic Transcripts with the Effective Date of the Qualification is COMPULSORY** | | | | | | | | | | | | | | | | | | | |
| **8(a) University / Institute** | | | **8(b) Degree Name** | | **8(c) Area of Specialization** | | | **8(d) Duration of Programme**  **(1, 2, 3, 4, or 5 Years)** | | | | **8(e) Effective Date of Graduation (As in the transcript)** | | | | **8(f) Attendance**  **(Full Time / Part Time)** | **8(g) Mode**  **(Internal / Distance / Top-up)** | | **8 (h) Class or Grade** |
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| **PROFESSIONAL QUALIFICATIONS (Please Attach Copies of Certificates)**  **Note: Copies of Certificates with Membership Effective / Award Date and If the Membership is Obtained through an Academic Route, Transcript is COMPULSORY** | | | | | | | | | | | | | | | | | | | |
| **9(a) Membership Category** | | | | **9(b) Professional Institution** | | | | **9(c) Membership Award Date** | | | | | **9(d) Field of Specialization** | | | | **9(e) Membership Obtained Through an Academic Route**  **Yes / No** | | |
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| **DETAILS OF RELEVANT EXPERIENCE AFTER THE EFFECTIVE DATE OF DEGREE OR PROFESSIONAL QUALIFICATION**  **(Starting from the Present) (Attach All Service Letters indicating Duration)** | | | | | | | | | | | | | | | | | | | |
| **10(a) From (Month / Year)** | | | | **10(b) To (Month / Year)** | | | | | **10(c) Company / Organization** | | | | | | | | **10(d) Title / Position / Designation** | | |
| **Month** | | **Year** | | **Month** | | **Year** | | |
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| **11. Are you registered for any other postgraduate course?  Yes  No**  **If ‘Yes’, please give details:** | | | | | | | | | | | | | | | | | | | |
| **REFEREES** | | | | | | | | | | | | | | | | | | | |
| Names and Contact Details of two Non-Related Referees. **Use** **the attached referee report form to provide two references from below mentioned referees under sealed envelope in support of your application.** | | | | | | | | | | | | | | | | | | | |
| 12(a) Name: | | | | | | | | | | | | 12(b) Name: | | | | | | | |
| Designation: | | | | | | | | | | | | Designation: | | | | | | | |
| Address: | | | | | | | | | | | | Address: | | | | | | | |
| Tel: | | | | | | | | | | | | Tel: | | | | | | | |
| **DECLARATION OF APPLICANT** | | | | | | | | | | | | | | | | | | | |
| I certify that the above information is true and correct to the best of my knowledge and I accept the decision of the admission board as final in the event my entry to the course is rejected. I understand that any inaccurate or false information (or omission of material information) will render this application invalid and that, if admitted and awarded a place on the basis of such information, my candidature can be terminated and I can also be subject to any penalty dictated by the rules of the University of Moratuwa.  **Date:** ……………………………………………… **Signature of the Applicant:** ……………………………………………… | | | | | | | | | | | | | | | | | | | |
| **DOCUMENTS** | | | | | | | | | | | | | | | | | | | |
| Please make sure that you submit the duly filled and signed application form including all supporting documents in **one (01) PDF file, which is 20 MB or less** (please email the files only in pdf format). | | | | | | | | | | | | | | | | | | | |
| I declare that I have attached the following documents (Please tick the check box with ‘X’ and confirm) | | | | | | | | | | | | | | | | | | | |
| Degree Certificates  Degree Academic Transcripts  Professional Qualification Certificates  Service/Appointment Letters from Employers  Employer’s Consent Letter (if available)  NIC  Application Processing Fee Receipt/Paying-in-voucher | | | | | | | | | |  | | | | | | | | | |
| \*\* The application processing fee of Rs. 2,000/- may be paid either to University Shroff or as a pay-in voucher obtainable at any Bank of Ceylon branch to the credit of “**University of Moratuwa**” Account No. **70993353**.  Clearly State ‘Your Name’, ‘NIC Number’ and ‘MSc OSHM’ on the voucher. | | | | | | | | | | | | | | | | | | | |

**department of Facilities Management**

**Faculty of Architecture, University of Moratuwa**

**MSc / PG Diploma in Occupational Safety and Health Management**

**NON-RELATED referee report**

**(CONFIDENTIAL)**

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| **APPLICANT’S DETAILS** | | | | | | | | | | | | | |
| **Name of the Applicant:** |  | | | | | | | | | | | | |
| **E-mail Address or Contact Number of Applicant:** |  | | | | | | | | | | | | |
| **REFEREE’S DETAILS** | | | | | | | | | | | | | |
| **Referee’s Name and Title:** |  | | | | | | | | | | | | |
| **Designation:** |  | | | | | | | | | | | | |
| **Organisation:** |  | | | | | | | | | | | | |
| **Official Address:** |  | | | | | | | | | | | | |
| **Email:** |  | | | | | | | | | | | | |
| **Telephone:** |  | | | | | | | | | | | | |
| **KNOWLEDGE ABOUT THE APPLICANT** | | | | | | | | | | | | | |
| **How long have you known the applicant?** | | | | | |  | | | | | | | |
| **In what capacity have you known the applicant?** | | | | | |  | | | | | | | |
| **What is your opinion of the applicant's suitability for this program, and how it will benefit applicant's future career?** | | | | | |  | | | | | | | |
| **Please indicate how the applicant relates to the group in which you know him/her.** (Please tick the box with ‘X’) | | | | | | | | | | | | | |
| **Applicant’s Ability, Quality and Skills** | | | **Outstanding** | | **Very good** | | | **Good** | | **Average** | | **Poor** | |
| (a) Intellectual Ability | | |  | |  | | |  | |  | |  | |
| (b) Initiative | | |  | |  | | |  | |  | |  | |
| (c) Managerial Ability | | |  | |  | | |  | |  | |  | |
| (d) Critical and Conceptual Ability | | |  | |  | | |  | |  | |  | |
| (e) Analytical Power and Reasoning | | |  | |  | | |  | |  | |  | |
| (f) Oral Communication | | |  | |  | | |  | |  | |  | |
| (g) Written Communication | | |  | |  | | |  | |  | |  | |
| (h) Team Working | | |  | |  | | |  | |  | |  | |
| (i) Motivation and Perseverance | | |  | |  | | |  | |  | |  | |
| **Does the applicant show any evidence of career, personality, or emotional problems? If so, please explain. We welcome any other comments you may wish to make that may assist us in assessing the applicant:** | | | | | | | | | | | | | |
| **What is your overall recommendation for the applicant to pursue MSc Degree / PG Diploma in Occupational Safety and Health Management in University of Moratuwa?** (Please tick the box with ‘X’) | | | | | | | | | | | | | |
| Recommend Enthusiastically |  | Recommend | |  | | | Recommend with Reservation | |  | | Do not Recommend | |  |
| I affirm that all statements made by me on this form are correct. I understand that any inaccurate or false information (or omission of material information) will render the application invalid and that, if admitted and awarded a place on the basis of such information, the applicant can be terminated and can also be subject to any penalty dictated by the rules of the University of Moratuwa.  **Signature of the Referee:** ……………………………………………… **Date:** ……………………………… | | | | | | | | | | | | | |