

ix. Preferred Contact Address:
 Office Residence

ACADEMIC QUALIFICATIONS (Please attach attested copies of academic qualifications)

University / Institute	Degree / Qualification	Academic Duration (Years)	Year of Award

MEMBERSHIP OF PROFESSIONAL ORGANIZATIONS (Please attach attested copies of membership certificates)

Professional Organization	Membership Category

WORK EXPERIENCE (in reverse chronological order)

From Month / Year	To Month / Year	Company / Organization	Title / Position

DECLARATION

I affirm that all statements made by me on this form are correct. I understand that any inaccurate or false information (or omission of 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.

Applicant's Signature:

Date:

Please post your application to:

Course Coordinator (MBA-SCM),
Department of Transport and Logistics Management,
Faculty of Engineering,
University of Moratuwa,
Moratuwa 10400
Sri Lanka