



EASTERN UNIVERSITY, SRI LANKA

FACULTY OF GRADUATE STUDIES

MASTER OF SCIENCE IN AGRICULTURE 2025/2026
APPLICATION FORM FOR ACADEMIC YEAR 2025/26

For office use only
Application No:.....
Date:.....

1. Personal Information

1.2. Name with initial/s :												
1.3. Date of Birth :				1.4 Age:								
1.5. Sex :	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	1.6 Civil Status:	Single	<input type="checkbox"/>	Married	<input type="checkbox"/>			
1.7. Nationality :												
1.8. N.I.C/Passport No. :												

2. Academic Qualifications (Attach copies of the relevant certificates)

University/ Institute	Period	Main Subjects/ Specialization	Degree & Class	Month & Year

3. Professional Qualifications (Attach copies of the relevant certificates)

Institute	Period	Field of Study / Training	Qualification	Month & Year

4. Work Experience

Organization	Period of Service			Position Held
	From	To	No. of Years	

*Start with your present employment

5. Research Details:

Whether involved in any Research work?

Yes No

If yes, Institution:.....

Project Name/ Title :.....

.....
Duration:.....

(if you have involved in more than one research work, please give the details in a separate sheet)

6. Publication/s: (list out your publications with title, name of the journal, year of publications etc.)

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(Please annex separate sheet if this space is insufficient)

7 . Funding (Mode of Financing for the MSc (Agri) Programme):

Self Financing

Sponsored

Undecided

If sponsored, by whom?.....

8. Reasons for pursuing the MSc (Agri) Programme:

(Briefly describe why you wish to enroll in the MSc (Agri) Programme at the Faculty of Graduate Studies, Eastern University, Sri Lanka)

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9. List other information including your personal/career interests, which you may feel useful to the Admission

Committee in the evaluation of your application:

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.....

I certify that the above particulars given by me are true and accurate to the best of my knowledge and aware that misrepresentation in the application will cause rejection of the application or revoking of acceptance for admission and that an incomplete application will be rejected.

Date:.....

Signature of the Applicant:.....

10. To be completed by Present Employer (if any):

I hereby certify that Rev./Dr./Mr./Ms..... is employed as with effect from
Recommended and forwarded

Name:.....

Designation:.....

Date:.....

Signature of Employer:.....

(Official Rubber Stamp)

Note:

The duly completed application form, along with relevant documents and two self-addressed envelopes should be sent by registered post to the following address:

**The Senior Assistant Registrar,
Faculty of Graduate Studies,
Eastern University, Sri Lanka,
Vantharumoolai,
Chenkalady,**

For Contacts:

Coordinator: 077 361 9331

SAR, FGS: 0652240972, Email: sar_fgs@esn.ac.lk & fgs@esn.ac.lk