

Guidelines for the Submission of Application

- Duly filled applications should be submitted with a receipt having paid, Rs. 1000/- (as application processing fee) to University Shroff (weekdays from 9.00am – 12.30pm and 1.30pm – 3.00pm) or with pay-in voucher worth of Rs. 1000/-obtainable at any Bank of Ceylon branch to the credit of University of Moratuwa – A/C No. 70993353
- Make arrangements to submit duly filled recommendations from two independent referees as instructed in the form (see pages 5-8 of the application form)
- check whether you have attached the following:
 1. Copies of certificates of academic qualifications
 2. Copies of certificates of membership/associate membership/graduateship pf professional institutions
 3. Letter of consent from employer regarding leave/permission (see page 4 of the application form)
 4. Letter of sponsorship (if applicable)
 5. Pay-in voucher/receipt
- Please hand-over the duly filled application form to the MBA Office of the Department of Management Technology, University of Moratuwa or send through Registered Post to:

**MBA Administrative Officer
Department of Management of Technology
University of Moratuwa
Moratuwa 10400**

- **Closing date** of the applications in **19th October 2018**
- Please contact MBA Administrative Officer on **+112640433** or email to [**mbainmot@gmail.com**](mailto:mbainmot@gmail.com) for further information

Important Dates

- Application Closing Date : 19th October 2018
- Commencement of Lectures : January 2019

UNIVERSITY OF MORATUWA

DEPARTMENT OF MANAGEMENT OF TECHNOLOGY

Application Form for Master of Business Administration in Entrepreneurship - 2019

1. PERSONAL PARTICULARS

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss. <input type="checkbox"/> Ms. <input type="checkbox"/>	Name in Full : (Write in BLOCK letters and <u>underline</u> surname/family name)	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/>
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Nationality <input type="checkbox"/> Sri Lankan <input type="checkbox"/> Other (<i>Specify</i>).....	National Identity Card No. <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td> </tr> </table>																Date of Birth <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Year</td> <td style="width: 33%;">Month</td> <td style="width: 33%;">Day</td> </tr> </table>	Year	Month	Day	Age
Year	Month	Day																			

Home Address Tel: E-mail:	Office Address Tel/ Fax: E-mail:	Contact Address Tel/ Fax: Mobile: E-mail:
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2. ACADEMIC QUALIFICATIONS

A. Post – secondary Education

From Month / Year	To Month / Year	School Attended	Certificate / Diploma	Year

B. Tertiary Education (Undergraduate and Postgraduate). *Please attach copies of relevant certificates.*

From Month / Year	To Month / Year	Institution / University Attended, Country	Degree/ Main Subjects	Class/ Rank	Year	Duration (3 year or 4 year)

C. TOEFL/GMATIs English your mother tongue? **Yes / No**

If No:

- a) What is the highest examination you have passed in English?
- b) Your language of instruction at the University / Professional body:
- c) TOFEL / IELTS Score *(If available)*:
- d) GMAT / GRE Score *(If available)*:

D. Membership of Professional Bodies :

From	To	Professional body	Post Held / membership Status

E. List in chronological order any University scholarships, prizes or other awards received.**3. WORK EXPERIENCE**

Total Years of experience after graduation

Total Years of experience after professional qualifications *(eg. After MIE (Sri Lanka))***A. Previous Occupations *(Please list jobs held last 5 years)***

From Month / Year	To Month / Year	Name & Address of firm / Organization	Title / Position	Nature of Work

B. Present Occupation

Date of Joining	Name of Firm / Organization	Title / Position	Duties

4. OTHER INFORMATION	
A. Other relevant information (<i>Such as courses attended, research undertaken, publications etc.</i>)	
B. Do you have any physical or other disabilities which might necessitate special arrangements?	
C. Source of finance for the study? Privately / Sponsored If sponsored, please specify the sponsor:	
D. Please describe briefly your reasons for wishing to study this course and how you see it fitting into your future career.	
E. Are you registered for any other postgraduate course? Yes / No If 'Yes' give details:	
F. Name, designation & address of two referees:	
1.	2.
5. 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 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:

Please send your application to:

MBA Administrative Officer
Department of Management of Technology
University of Moratuwa
Moratuwa 10400.

Closing date for applications is 19th October 2018

Check whether you have attached the following:

1. Copies of certificates of academic qualifications.
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LETTER OF CONSENT FROM THE EMPLOYER
GRANTING PERMISSION FOR STUDY

MBA Administrative Officer
Department of Management of Technology
University of Moratuwa
Moratuwa 10400

RE: Mr./ Mrs./ Ms./ Miss:
Applicant for MBA in Entrepreneurship Programme in University of Moratuwa

I understand that Mr./Mrs./Ms./Miss: who is working at our organisation has applied for MBA/PG Diploma Programme in the University of Moratuwa, scheduled to be commenced in January 2016.

If he/she is selected:

- i. I grant/do not grant permission for him/her to pursue studies during weekends and full-time basis, during the period of study.
- ii. I grant / do not grant official leave for him/her for attending classes.
- iii. Our organization will/will not sponsor his/her course fees.

I recommend /do not recommend Mr./Mrs./Ms./Miss. for the above course.

Yours sincerely

Signature :

Name :

Designation :

Organisation :

Date :

UNIVERSITY OF MORATUWA

DEPARTMENT OF MANAGEMENT OF TECHNOLOGY

LETTER OF RECOMMENDATION FOR MASTER OF BUSINESS ADMINISTRATION

CONFIDENTIAL

Note to candidates: Please enter your name below and forward this form to your referee requesting that it be completed and returned to: MBA Administrative Officer, Department of Management of Technology, University of Moratuwa, Katubedda, Moratuwa 10400, Sri Lanka.

1. Full Name of Applicant (Underline surname):

2. How long have you known the applicant and in what capacity?

3. What do you consider as his/her major talents or strengths?

4. What do you consider as his/her major liabilities or weaknesses?

5. What do you think are the applicant's reasons for deciding to take this course? Do you think that these reasons are sound?

6. Please indicate how the applicant relates to the group in which you know him/her.					
Quality/Skills	Outstanding	Very good	Good	Average	Poor
(a) Intellectual ability					
(b) Originality of work					
(c) Managerial ability					
(d) Technology interest					
7. Does the applicant show any evidence of career, personality or emotional problems? If so please explain.					
8. If you are the employer or manager of this candidate, how will this training benefit his/her future career within your organization and how will it contribute to your organization?					
9. Any other comments :					

Name of the Referee :

Signature :

Position :

Date :

Official address :

UNIVERSITY OF MORATUWA

DEPARTMENT OF MANAGEMENT OF TECHNOLOGY

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Name of the Referee :
Signature :
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Date :
Official address :