

DEPARTMENT OF DEMOGRAPHY  
UNIVERSITY OF COLOMBO, SRI LANKA

**APPLICATION FOR ADMISSION**  
**Study Programmes in Diploma in**  
**International Migration Studies (IMS)**

Application Status

Academic Year

Application No.

Application Code: 30407260

**PROGRAMME APPLYING FOR**

Bank Accounts Number

**Diploma in International Migration Studies (IMS)****304072600004**

Please credit your application fee LKR 1000.00 (for local participant) / USD 25 (foreign participant) to the University of Colombo main collection Account of Timbirigasyaya People's Bank branch, under the Bank Accounts Number 304072600004. Please send us the filled application form and payment slip on or before 15<sup>th</sup> November 2023 to be reached, [dims@demo.cmb.ac.lk](mailto:dims@demo.cmb.ac.lk) OR Coordinator, Diploma in IMS programme, Department of Demography, Faculty of Arts, University of Colombo, P.O. Box 1490, Colombo 03.

**APPLICANT'S INFORMATION**

Last Name

Mr / Ms / ... ..

Initials

Names denoted by initials

Date of Birth (DD/MM/YYYY)

NIC No. (for Sri Lankan applicants)

Nationality

Passport No.

**CONTACT DETAILS**

Mobile Phone

Other Phone

Fax

Email

Mailing Address

Permanent Address (if different from above)

**PRESENT EMPLOYMENT**

Post

Year of commencement

Institution

Official Address

Phone

Fax

Email

**PREVIOUS EMPLOYMENT**

list only the last 3 positions, starting from the most recent

1

Post

Period (years)

To

From

Institution and Address

2

Post

Period (years)

To

From

Institution and Address



**WHY DO YOU WANT TO FOLLOW THE ABOVE STUDY PROGRAMME (PLEASE SPECIFY)**

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<b>REFEREES</b>		provide following details of 2 non-related referees
1	Name	Prof / Dr / Ms /Mr / Other
	Designation	Institution
	Phone	Email
	Address	
2	Name	Prof / Dr / Ms /Mr / Other
	Designation	Institution
	Phone	Email
	Address	

<b>DISCLAIMER AND SIGNATURE</b>			
I certify that the information provided above is true and accurate to the best of my knowledge and I am prepared to abide by the rules and regulations governing the registration and award of degrees of the University of Colombo.			
Signature		Date	

**REFEREE REPORT**  
**Study Programmes in Demography**

<b>PART 1</b>	information filled in by the applicant
Study Programme applying for	
Name of the Applicant	
Name of the Referee	
Application closing date	
<p>Dear Sir / Madam,</p> <p>The above applicant mentions your name as one of the referees in his/her application for the proposed Study Programme in Demography, University of Colombo, Sri Lanka. I shall be grateful to you if you could kindly send (within 2 weeks from the application closing date) your <i>confidential assessment</i> of the applicant's suitability and ability to follow this programme and <i>your recommendation</i> in the space given below.</p> <p>Head – Department of Demography</p>	
Address:	Department of Demography, University of Colombo, Colombo 00300, Sri Lanka
Email:	head@demo.cmb.ac.lk

<b>PART 2</b>	confidential assessment by the referee use additional sheets, if required
Signature	Date
Name	Designation
Email	Phone