

Sri Lanka Council for Agricultural Research Policy

Capacity Building Programme

Application form 2023/2024

Last Name: First Name :

Nationality: Date of Birth :

Sex: Age:

Home Address:

Street :

City :

State/Province:

Home Country: Post Code:

Home Phone:

Mobile:

Email:

Current Address:

Street:

City:

State/Province

Current Country: Post Code:

Phone:

Mobile:

Email:

Office Address:

Street:

City:

State/Province:

Country:

Post Code:

Office Phone:

Fax No:

Mobile:

Office Email:

Proposed Study Plan:

Degree:

Field of Study:

Expected Commencement Date:

Are you applying to other institutions? If so, which?

(Name of the Institution)

Academic Background (include course you are currently enrolled in, if applicable):

Degree Obtained:

Field of Study:

Year Started:

Year Completed:

Name of the Institution:

Location:

Language of Instruction Used:

Honor(s) received:

Degree Obtained:

Field of Study:

Year Started:

Year Completed:

Name of the Institution:

Location:

Language of Instruction Used:

Honor(s) received:

Have you been applied for SLCARP Scholarship before? (Yes/No)

Degree:

Field of Study

University:

Awarded Period (Months & Year) From: To:

English Proficiency	Reading	Writing	Speaking
Very Good			
Good			
Fair			

Professional History:

Present Employer:

Position:

Company:

Nature of Work:

Industry:

Products/Services:

Sector: (International Organization /Public/Non-Profit)

Date of Employment (Month & Year) From: To:

Annual Salary (in LKR):

Annual Family income (in LKR):

(Please attach your latest Certificate of Employment indicating Annual salary/Monthly Salary with signature/stamp.)

Previous Employers: *Begin with your most recent employment excluding present excluding present employer. Use separate sheet if the space provided is not sufficient.*

Position:

Company:

Nature of Work:

Date of Employment (Month & Year) From: To:

Annual Salary (in LKR):

Position

Company:

Nature of Work:

Date of Employment (Month & Year) From: To:

Annual Salary (in LKR):

Position

Company:

Nature of Work:

Date of Employment (Month & Year) From: To:

Annual Salary (in LKR):

Position

Company:

Nature of Work:

Date of Employment (Month & Year) From: To:

Annual Salary (in LKR):

Total Work Experience: Year(s) & Month(s) Year(s) in Supervisory Level: *(if applicable)*

While the Scholarship will provide most of your financial requirements during the study period, what other additional resources do you have if you may need them?

Why do you want to undertake this particular area of study at this institution?