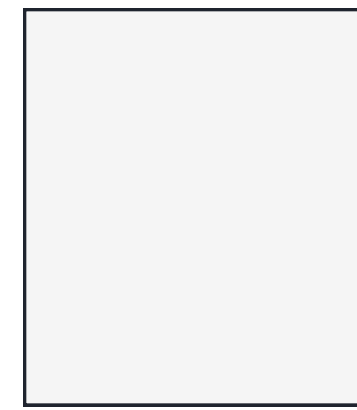


Masters Application Form

Applicant Name*

Attach your photo*



Applicant Email*

Policy Statement

Master's Degree are subject to approval by the Selection Committee. In making its recommendations for the Master Degree and in considering the kinds of people to be Awarded, it will focus on the following categories as deserving :

People of academic prominence in the broad fields of research and scholarship of particular interest to the University.

Candidate, who has completed his Bachelors degree.

Those who have work experience of minimum 5 years after completing their Bachelors degree.

Confirmation

I have read and understand with the Policy Statement.

Signature of the Nominee:

Date :

Information About the Candidate*

Candidate Name*

Candidate Telephone *

Candidate Email *

Candidate Residence Address*

City *

State / Province *

Zip / Postal Code *

Country *

Professional Experience*

Resume or Curriculum Vitae (CV)*

Please provide a professional resume or Curriculum Vitae (CV) with your application form that outlines your professional experience. It should list the position held, the name of the company, and the dates employed. A brief job description should also be included so that an understanding of what responsibilities you held can be made.

Educational Experience*

Degrees & Certificates*

Please provide copies of degrees and certificates completed from all Colleges or Universities that you have attended since graduating high school.

Professional Achievements

Please attach the file of document for this criteria and send it along with this form.

Master Application*

Please fill the type of the Masters application *

Candidate name exactly as to be stated on the Degree *

Specialization Area*

Date of Award *Please provide the date of Degree.

Comments, Suggestions, Recommendations*

Feedback*

This section is available for open feedback. If you have any comments, suggestions, and recommendations, feel free to submit.

Shipping Address*

Receiver's Name*

Attention To *

Company Name *

Address *

City*

Province / State *

Country *

Zip Code*

Phone*

Email*