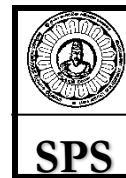




SLIDA

School of Postgraduate Studies (SPS)



Master of Public Management (MPM) 2026 - 2028 Admission Application

Registration Number		FOR OFFICE USE ONLY
Programme	Master of Public Management (MPM)	

Full Name (in capitals)

** Please underline the names you prefer to appear on documents.*

Name with Initials – Rev./Dr./Mr./Ms.

Gender	Male ☐	Female ☐
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Date of Birth	dd mm yy	Age as on 31 st July 2026	Years
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National Identity Card No.																			
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Contact details

	Residence	Office*	
Address			
E-mail			
Fax			
Telephone	Residence	Office	Mobile

** Please indicate whether from the public/ private/ NGO sector*

Academic Qualifications (Masters/Degree/etc.)*

Masters/Degree	Institute	Year	Specialization	Grade

Professional Qualifications (Diploma, etc.)*

Diploma/Professional Membership	Institute	Year	Specialization	Grade

** Please attach copies of certificates.*

Details of present employment and the positions held during the last 10 years.

Name and Address of Organization	Designation	Service (Ex: SLAS/SLAcS etc.)	Employment Period	
			From	To

** Please attach copies of certificates.*

Current Employment

Government

☐

Semi-Government

☐

Private

☐

No. of years in managerial grades

How did you come to know about the MPM Program?

- | | | | |
|-----------------------------------|--|---|--|
| ☐ Friends | ☐ Letter from SLIDA | ☐ SLIDA Web page | ☐ Advertisement |
| ☐ Employer | ☐ SLIDA Brochure/Poster | ☐ Others (<i>please specify</i>) | |

What is your objective of attending this program?

- | | |
|---|---|
| ☐ For professional development | ☐ update current management trends |
| ☐ Better career prospects | ☐ Enhance job performance |
| ☐ Others (<i>please specify</i>) | |

I agree to :

- Comply with the rules, regulations, and academic arrangements of SLIDA.
- Notify the SPS in case of any change in the information given in this application.

I understand that :

- The documents submitted with this application become the property of SLIDA.
- SLIDA may change or revoke any decision if the information supplied by me is found to be incorrect.

I declare that the information given by me in this application is true and accurate.

Signature

Date

Comments from employer, (if employer sponsored only).

☐ Strongly recommend

☐ Recommended with conditions

☐ Recommend

☐ Do not recommend

.....
Employer's Signature

Date:

Name:

Designation:

Office Address:

Your completed application with photocopies of Educational and Professional qualifications should be sent under registered cover to reach the following address on or before **31st July 2026**.

Academic Coordinator - SPS/Registrar

School of Postgraduate Studies (SPS)
Sri Lanka Institute of Development Administration (SLIDA)
28/10, Malalasekara Mawatha
Colombo 07.