SLIDA

School of Postgraduate Studies (SPS)

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 ☐

Date of Birth	☐☐☐☐☐☐	Age as on 31st July 2026	☐☐
	dd mm yy		*Years*

National Identity Card No.													

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 (*please specify*) .....

What is your objective of attending this program?

☐ For professional development ☐ update current management trends

☐ Better career prospects ☐ Enhance job performance

☐ Others (*please specify*) .....

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).

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_____

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_____

_____

☐ 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.