

## APPLICATION FORM FOR POSTGRADUATE PROGRAM

	Photo
Office of the Registrar	
(This form is to be filled in duplicate)	
Welcome to SRI SAI College; please read the following and proceed accordingly	
I. Use block letters in filling this form	
II. The following documents (a,b,c) should be submitted with this application:	
a) Two couples of your student copy.(Make sure also that the official Transcript be directly mailed to the registrar by your providus institution within a month of class common compart.	ne office of the
registrar by your previous institution within a month of class commencement. b) Original copy of your degree (to attest its authenticity) with two photocopies.	
c) A receipt of non-refundable <u>Application fee in Birr 500.00</u> for Ethiopian nationals, and USD or its	equivalent for
foreign nationals.	
III. Submit application direct to:	
SRI SAI College, office of registrar, postgraduate Admission P.O.Box,110650/Addis Ababa/Ethiopia/	
1. PERSONAL INFORMATION	
1.1 a) ሙሉስምከነአይት /በአማርኛ	
b) Name (First)Grand father's NameFather's NameGrand father's Name	
1.2 Sex Female Male	
1.3 Date of Birth (DD/MM/YYY/) (E.C) Day MonthYear	
(G.C) Day Month Year	
1.4 Place of birth: Town/City Region Country	
1.5 Where do you come? Rural Urban	
1.6 Your mother's full name	
1.7 Nationality	
1.8 Marital Status: Married Unmarried	
1.9 Do you have physical or any other disability? Yes No	
If yes, please specify	
1.10 Present Address: Town/City Kifle.K Woreda House No	
P.O.BOX Tel.No Res. Office Mobile Email	



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.11 people to be contacted in case of emergency:		
Name	_Relation	_Tel
1.12 Your present occupation:		
1.13 Name and address of employer:		

# 2. EDUCATION BACKGROUND

High School	Name of High School	Location /City /town/	Year Attended	Year Attended			
					Form	То	
College	Name of College /University		Location /Cit	town/	Degree Awarded	Date of Awa.	
/University							
Field of study in	your undergraduate program:						
Major		_ Minor					
3. WORK EX	<b>KPERIENCE</b>						
State your work	k experience						
State your worr	capenenee						
4. Research	า						
	ad any research experience?	Yes		No			
4.2 Is your rese	arch output published?	Yes		No			
4.3 If published	, provide references (Where & W	hen they v	were published	?			



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## 5. Award

5.1 have you received any commendation or award If yes provide a brief description of the awards &th	0			es		
6. FINANCAIL SUPPORT						
Sponsored by: Government organization	Self		NGO			
If you are sponsored, give name & address duly signed by your sponsor and submitted	0	•	0,		of sponsorsh	nip should be written,
7. DEPARTMENT APPLIED TO:						
Proposed field of study	Speciali	ization		planned date	of enrollmen	t

Statement by the Applicant

By certify that all information given in this form is complete and correct. I fully realize that the college is entitled to take any action on me including dismissal if the information given by me is found to be incorrect of misleading. I shall ask no reimbursement if whatever fee I have paid in case the college takes any action as a result of any incorrect or misleading information I gave provided I get admission as per this application, I am aware of the fact that the college reserves the legal right to raise the tuition fee at any time during my stay in the college before I complete the program for which I am applying herein.

I further undertake to observe all the rules and regulation of the college. I shall take full responsibility to abide by the rule and regulations of the college, or rules and regulations communicated in the form of notice.

Application's signature \_\_\_\_\_ Date \_\_\_\_\_

		For Office Use O	nly		
1.	Admission Clerk				
	Application				
	Received & checked by Name	sig		_ Date	
2.	Document Verification				
	Verified by: Name	sig	Date		_
3.	The college				
	Recommendation Admitted	) Not Admitted		Pending	
	Namesig	Date		_	
4.	Registrar's Office				
	Encoded By: Name	sig	Date		_
	Checked by: Name	sig.	Date		_