POSTGRADUATE UNIT OF MANAGEMENT (PGUM)  
FACULTY OF MANAGEMENT  
UNIVERSITY OF PERADENIYA, SRI LANKA  

Service Letter

Section I  
To the Applicant: Please submit duly completed this form through your employer if the degree programme you apply requires a service letter or if you wish to submit your work experience as an eligibility criterion for the admission to a degree programme. You should ensure that your employer is given a copy of this form by completing Section 1 to submit with his/her responses.

1. Name of the Applicant: 
2. Contact Details of the Applicant: 
3. Postgraduate Programme Applied: 
4. Duration of the Programme: 
5. Total Cost of the Programme: 
6. Name of the Employer / Institution: 
7. Current Post of the Applicant: 
8. Previous Employment, Place of Work and Duration: 
9. Declaration by the Applicant: I submit this service letter in support of my application for Postgraduate Diploma Programmes / MBA /MAcc&Fin / M.Sc. in .................................................. conducted by the PGUM, Faculty of Management, University of Peradeniya, Sri Lanka. Date:........................Signature:................................

Section II  
To the Employer: Please complete the following section of the document and hand it over to the candidate in a sealed cover or send it directly to Coordinator, PGUM, Faculty of Management, University of Peradeniya, 20400 Peradeniya, Sri Lanka by post or as an email attachment to pgum@pdn.ac.lk

1. Present post of the applicants at your institution 
2. Duration of his/her service in the present post 
3. Do you think that the postgraduate programme that he/she applied is beneficial for his/her career advancement and for your institution? 
4. Indicate whether the candidate be granted funds/leave or released from service to follow the programme 
5. Any other information you think relevant and assist the PGUM in making decision on his/her application:

Name of the Employer: Mr./Ms./Mrs  
Designation .................................................................  
Address of the Institution .................................................................  
Contact Details ........................................................................

Date: .................................................................  
Signature: .................................................................  
(Official Frank)