

## FORM OF APPLICATION

**(A)** 

	(A)				
	POST APPLIED FOR:				
1.	Name in Full: Rev./Mr./Mrs./Miss [Underline Surname] [If registered as a student in a University under any other name, please indicate such name within brackets]				
2.	Postal Address [Any change should be communicated immediately]				
		E-Mail -			
3.	Contact Telephone No.	Fax No			
4.	Date of Birth & Age [Please attach copy of Birth Certificate]				
5.	Nationality				
6.	Civil Status				
7.	Whether Citizen of Sri Lanka [State whether by descent or by registration; if by registration, give reference number and date of certificate of citizenship]				

8.	Educational Qualification	ations	[Please atta	ich copies d	of all relevant certificat	es]
	University Education Degree/Diploma, etc. Name of the University	<u>&amp;</u>	<u>From</u>	<u>To</u>	Course Followed	Date of Final Exam & Results [Give Class / Grade]
9.	Special Qualifications [Professional, etc. – Please		copies of all	relevant ce	ertificates]	
10.	Postgraduate Qualific [State whether by course relevant certificates]	cation work or	<b>s</b> research, d	uration and	l effective date – Pleas	e attach copies of all

<b>11</b> .	Aca	demic Distinctions, Scholarships, Medals, Prizes, etc.,
	[Indi	cate the Institution from which such awards have been obtained – Please attach copies of ant certificates]
12.	Res	earch Publications, if any
	[If sp	pace is insufficient, please use a separate sheet]
13.	Pro	ficiency on Languages: Highest Examination passed in,
		Sinhala -
		Tamil -
		English -
		Eligiisii -
14.	(a)	Present Occupation :
		1. Post:
		2. Date of appointment to such post:
		3. Whether confirmed in the present post:
		4. Place of work:
		5. Salary scale of the post:
		6. Present salary: (a) Salary Step -
		(b) Allowances -

	<b>(b)</b>	<u>Pr</u> evi	<u>ious Em</u> ployı	ment, if any (w	<u>vith ex</u> peri	<u>ence),</u> wit	<u>h dat</u> es a	ınd periods
	Dep	<u>artment/</u>	Institution	<u>Post</u>		<u>From</u>	<u>To</u>	Reasons for Leaving
	(c)	Expe	rience, if any					
	( <b>d</b> )	Partic if any		d Obligations	to Higher	Educatio	nal Insti	tutions/Institutes
		(i)	Obligatory F					
		(ii)	Amount Due	:				
1.								
15.				shments, if a the Universi				
	Edi	ing you	al Institutio	on	ey/			
16	E <sub>v</sub> 4	ro Cur	ricular Act	ivitios				
10.	ĽAU	i a Cui	Ticulal Act	ivities				

	[Not included above]				
<b>18</b> .	Names of two Non related referees [With positions and addresses]				
	Name	Address			
	1.				
	2.				
19.	Where a period of experience is a roof such experience with details:	requirement for the post applied, state period			
20.	I hereby certify that the particulars submitted by me in this application are true and accurate. I am aware that if any of these particulars are found to be false or inaccurate, I am liable to be disqualified before selection and to be dismissed without any compensation if the inaccuracy is detected after appointment.				
		Signature of Applicant			

21.	[TO BE COMPLETED BY THE HEAD OF THE DEPARTMENT WHERE APPLICABLE]						
	(a)	Is the applicant on probation?	Yes / No				
		Was any disciplinary action taken against the applicant?	Yes / No				
	(c) I recommend/ not recommend the application.						
		Date	Signature of Head of Department				
	Note: If space not sufficient to enter the details under each column use a separate sheet and attach to the end.						



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