

**UVA WELLASSA UNIVERSITY OF SRI LANKA
FORM OF APPLICATION**



POST APPLIED FOR:			
Department		Subject Area Applied for	

01. (a) Name in Full: (Dr./Mr./Mrs/Miss (underline the Surname))

.....
.....

(b) Name with initials :-.....

02. (a) Permanent Address :

(b) Contact Address (If differ From permanent address :

(c) Contact Telephone No. : Home Mobile

(d) E-mail :

03. National Identity Card No. :

04. (a) Date of Birth :

(b) Age as at the closing date of Applications :

05. Civil Status :

07. Citizenship

By descent

By Registration

**08. Qualifications -
(a) University Education:**

Degree/ Diploma	Class	University	Year of Commencement	Effective Date	Duration
Postgraduate Degree/ Diploma	University	By Course or By Research	Date of Commencement	Effective Date	Duration

(please attach copies of degree certificates obtained.)

(b) Professional Qualifications:

Institution	Qualifications Obtained	Date of Commencement	Effective Date	Duration

**09. Any other academic distinction :
Scholarships, medals, prizes etc.
(Indicate the Institution from which
such awards have been obtained)**

**10. Research & Publications if any (If :
space is insufficient, please use
separate sheet of same size)**

11. Proficiency in Languages:

Language	Ability to Work			No knowledge	Ability to Teach			No knowledge
	Very good	Good	Fair		Very good	Good	Fair	
Sinhala								
Tamil								
English								

12. (a) Present Occupation

Occupation	Institute	From	To	Number of month	Last salary drawn

(b) Previous appointment if any, with dates

Post held	Institute	From	To	Number of month	Last drawn salary

13. Bond/Agreements you have entered (if any)

