## WAYAMBA UNIVERSITY OF SRI LANKA

## KULIYAPITIYA

## FORM OF APPLICATION

POST  DEPARTMENT				
Name in Full: Underline Surname (See note (1) below)				
2. Whether Rev./Mrs./Miss				
Postal Address:     (Any change should be communicated immediately)				
4. Telephone Number E-mail Address : (If available)	Office: Residence Mobile:	esidence: E-Mail:		
5. Date of Birth & Age:				6. Civil Status :
7. Whether Citizen of Sri Lanka: (State whether by descent or by registration: if by registration, give reference number & date of certificate of citizenship)				
8. Education - Schools attended  (i).  (ii).  (iii).  (iv).	From			<u>To</u>
9. University Education (Degree, Diploma etc.) (See note (II) below) University	From	То	Course followed (with subjects)	Results (give Class or Grade)
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Note (I): If you were registered as a student in a University under any other name, please indicate such name within brackets.

Note (II): State Index Number if known and Campus.

10.	Postgraduate qualifications: (State whether by course work or research, duration, effective date and the Name of University.) (Please attach copies of all relevant certificates)	
11.	Special/ Professional Qualifications etc.: (Please attach copies of all relevant certificates)	
12.	Academic distinctions, Scholarships, Medals, Prizes, etc. (Indicate the institution from which such awards have been obtained)	
13.	Research & Publications, if any: (If space is insufficient, please us separate sheet.)	
14.	Proficiency on Languages: (Highest Examination passed in ;)  Sinhala -  Tamil -  English	

15. (a) Present Occupation: 1. Post:								
2. Place of work								
3. Date of appointment to such post:								
4. Whether confirmed in the present post:								
5. Salary scale of the post:		•						
6. Present Salary: (a) Basic Salar	y –							
(b) Allowance	es -							
(b) Previous appointments, if any, with dates and periods:  Department / Institution	<u>Post</u>	. From	<u>To</u>					
(c) Administrative Experience, if any								
<ul> <li>(d) Particulars of Bond Obligations to Higher Educational Institution/ Institute, if any:</li> <li>(i) Obligatory Period:</li> <li>(ii) Amount Due:</li> </ul>		,	,					
16. Where a period of experience is a requirement for the post applied, state period of such experience with details:  *Department/Institution*	<u>Post</u>	<u>From</u>	<u>To</u>					

17. Extra - Curricular activities :		9	
18. Any further relevant particulars: (not included above):			•
C. L. C. and a stand			
19. In the event of being selected please indicate the latest date on which you would be able to assume duties.			
20. Names of two persons to whom reference can be made: (with	Name	way ayan an alkahada ay a a a a a a a a a a a a a a a a a	Address
addresses)	1		
	a		
	<u>L</u>	Tel. No: e-mail :	Fax No:
	2		
		**********	
		Tel. No:	Fax No:
·		e-mail:	
21. I hereby certify that the particulars sub that if any of these particulars are for selection and to be dismissed without a	ind to be false or maccur iny compensation if the in	ate, I am Hable accuracy is dete	ected after appointment.
Date:			ure of Applicant
Recommendation of the Head of the (If employed at Higher Educational Institution	Institution s. Government Departments	and Government	(Corporations)
I recommended and forwarded herew above post and agree/ do not agree to r	with the application of		for the
Date:		Head	of the Institution