



**INSTITUTE OF INDIGENOUS MEDICINE
UNIVERSITY OF COLOMBO**

FORM OF APPLICATION

**Post
Department**

Field (Preference)

1. Name in Full : underline surname (see note (I) below)				
2. Whether Rev./Mr./Mrs./Miss				
3. Postal Address : (any change should be communicated immediately)				
4. Telephone Number & e mail address				
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. NIC No:
9. Education - Schools attended (i). (ii). (iii). (iv).	From		To	
10. University Education: (Degrees, Diplomas etc.) University (see note (II) below)	From	To	Course followed (with subjects)	Results (give Class or Grade)

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.

11. Postgraduate qualifications & dates of obtaining same :							
12. Any other academic Distinctions, Scholarships, Medals, Prizes, etc. (indicate the institution from which such awards have been obtained)							
13. Research & Publications, if any : (please use separate sheets as mentioned)	Annexure I- Book/ Chapter Annexure II- Abstract Annexure III- Indexed journal/ Peer reviewed journal Annexure IV- Other						
14. Highest examination passed in Sinhala/Tamil :							
15. (a) Details of Present occupation	Name of the Post: Place: Date of appointment: Basic salary drawn:						
(b) Previous appointments, if any, <u>Department / Institution</u>	<table border="1"> <thead> <tr> <th data-bbox="579 1395 651 1429"><u>Post</u></th> <th data-bbox="874 1395 946 1429"><u>From</u></th> <th data-bbox="1233 1395 1273 1429"><u>To</u></th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	<u>Post</u>	<u>From</u>	<u>To</u>			
<u>Post</u>	<u>From</u>	<u>To</u>					
16. Extra - Curricular activities :							

17. Any further relevant particulars: (not included above) :	
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18. In the event of being selected please indicate the latest date on which you would be able to assume duties.

	<u>Name</u>	<u>Address</u>
19. Names of two persons (with addresses) to whom reference can be made :	1. Tel. No: Fax No: e-mail :	
	2. Tel. No: Fax No: e-mail :	

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.

Date:

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Signature of Applicant

Recommendation of the Head of the Institution

(If employed at Higher Educational Institutions, Government Departments and Government Corporations)

I recommended and forwarded herewith the application of for the above post and agree/ do not agree to release him/her in case selected to the post applied for.

Date:

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Head of the Institution

Annexure I

Books/ Chapter				
S.No	Name of the Book	Date of Publication	Author	ISBN No.
1				
2				
3				

Annexure II

Abstract			
S.No	Title of Articles	Author	Source and date of publications
1			
2			
3			

Annexure III

Indexed journal/ Peer reviewed journal			
S.No	Title of Articles	Author	Source and date of publications
1			
2			
3			