



UNIVERSITY OF VAVUNIYA, SRI LANKA

FORM OF APPLICATION

POST:				
DEPARTMENT:				
1. Name in Full: (See note below)				
2. Whether Rev./Prof./Dr./Mr./Mrs./Miss :				
3. (a) Postal Address: (Any changes should be communicated immediately)				
(b) Contact T.P. No :				
(c) Mobile No. :				
(d) Fax No. :				
(e) E-mail address :				
4. (I) Date of Birth & Age :				
(ii) Identity Card No :				
5. Civil Status :				
6. State whether citizen of Sri Lanka by Descent or Registration. If by registration, give Registration No :				
7. Education..... School attached				
1.				
2.				
3.				
4.				
8. University Education (Degree, Diploma etc. and the Name of the University)	From	To	Course followed (Subject/s) & Registration No.	Results (Give class or grade and effective date)

Note : If you were registered as a student in University under any other name please indicate such name within brackets.

<p>9. Special Qualifications (Professional etc.)</p>	
<p>10. Postgraduate Qualifications (Specify the effective date, field of study and duration of the study)</p>	
<p>11. Any other Academic Distinctions, Scholarships, Medals, Prizes etc. (Indicate the Institution from which such awards have been obtained)</p>	
<p>12. Research & Publications, if any:</p> <p>(If space is insufficient, please use separate sheet of same size) The name of the Journal in which the Publications has been made and the date of the Journal should be mentioned.</p>	

13. Higher Examination passed in Tamil/ Sinhala				
14. Present Occupation i. Designation: ii. Date of Appointment: iii. Dept. /Institution and its address: iv. Nature of Appointment: Permanent/Contract/Temporary/Casual v. Salary scale: a. Basic salary: b. Allowance:				
b. Previous appointments, if any with dates.				
Department/Institution	Post	Salary Scale	Date	
			From	To
c. If you are retired from Government Service, give date of retirement, the last salary drawn and the pension.				
d. If your services in a Government Department or a Corporation were terminated, give reasons.				
15. Extra Curricular activities				

16. Any further relevant particulars. (Not included above)	
17. Name of Two persons (with address to whom reference can be made)	
Name	Address
1.....
2.....

I hereby certify that the particulars submitted by me in this application are true and accurate. I am aware if any of the 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:.....

.....

Signature of applicant

18. If the applicant is an employee in a Government/Corporation or Statutory Board this section should be filled by such Head of the Department/ Institution.	
The applicant will/will not be released, if selected for appointment	
.....	
Head of Institution	
Name :	
Designation :	
Date :	