

UNIVERSITY OF VAVUNIYA, SRI LANKA FORM OF APPLICATION

POST:					
DEPARTMENT / DISCIPLINE :					
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 No:					
Telephone:					
Fax :					
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. EducationSchool attached 1.					
2.					
3.					
8. * University Education (Degree, Diploma etc. and the Name of the University and Registration No)	Duration of the Degree with dates		** Subject/s offered	Results (Give class/grade/GPA and effective date)	

^{*} If you were registered as a student in University under any other name please indicate such name within brackets.

^{**} If the degree is a special degree, please indicate only the subject in which specialized.

9. Postgraduate Education	
a) Name of the Degree / Diploma with Registration No :	
b) Name of the University:	
c) Whether Full time or Part time:	
d) Whether by Course work / Course	
with Research component / By	
Research:	
e) Duration of study with dates :	
f) Field of study and the Title of	
Research:	
g) Effective date of Degree/ Diploma :	
h) Class / Grade / GPA :	
10 Special Qualifications:	
10. Special Qualifications : (Professional etc.)	
(1101essional etc.)	
11. Any other Academic Distinctions,	
Scholarships, Medals, Prizes etc.	
(Indicate the Institution from which	
such awards have been obtained)	
12. Research & Publications, if any :	
1	parate sheet of same size) The name of
the Journal in which the Publications ha	s been made and the date of the Journal
should be mentioned.	been made and the date of the goal har
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13. Higher Examination p							
14. a) Present Occupation	1			"			
i. Designation :							
ii. Date of Appointment :							
iii. Dept. / Institution and its address :							
iv. Nature of Appointme	int: Permanen	r / Contr	act / Temporar	y / Casua	/		
v. Salary scale :							
a. Basic Salary : b. Allowance :							
b) Previous appointme	nts, if any wit	h dates					
Department / Institution	Post		Salary scale	From	ate To		
c) If you are retired from							
Government Service, give date of retirement, the last salary							
drawn and the pensi	on.						
d) If your service 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 wl	
<u>Name</u>	<u>Address</u>
1	
2	
I hereby certify that the particulars submand accurate. I am aware that if any of the	• • • • • • • • • • • • • • • • • • • •
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 (•
Board this section should be filled be Institution.	by such Head of the Department /
The applicant will / will not be released, if s	elected for appointment.
Nama :	Head of Institution
Name:	
Designation:	
Dure	