



**SRI PALEE CAMPUS
UNIVERSITY OF COLOMBO**

FORM OF APPLICATION

Post:

1. Name in Full :

2. Whether Mr./Mrs./Miss :

3. Postal Address :
(Any changes should be
communicated immediately)

Telephone No : Residence- Office -

4. (a) Date of Birth :

(b) Age as at closing date of Application

Years	Months	Dates

5. Civil Status :

6. State whether citizen of Sri Lanka by Descent
or Registration. If by registration, give
Registration No. :

7. State whether Sinhala, Tamil,
person of Indian origin or Muslim :

8. Educational Qualifications (Pre-University) :

Name of Exam

Index No.

Subjects

Grades

9. University Education (Degree, Diploma, etc.) and the Name of University From : To : Course followed (with subjects) Date of final Examination (give Class or Grade)

10. Professional qualifications : (Details with the dates of obtaining such qualifications)

11. Postgraduate qualifications : (Details with the dates of obtaining such qualifications)

12. Any other Academic Distinctions , Scholarships Medals, Prizes, etc. (Indicate the Institution from which such awards have been obtained)

13. Research and Publications if any : (The Name of the Journal in which the Publications have been made and date of journal should be mentioned)

14. Highest Examinations passed in Sinhala/English :

1. Sinhala :
2. English :

15. Present Occupation

a. 1. Post :

2. Date of appointment to such post :

3. Whether confirmed in the present post :

4. Place of work :

5. Salary scale of the post :

6. Present salary (a) Basic salary :
(b) Allowance :

b. Previous appointments including those under training, if any , with dates

<u>Department/Institution</u>	<u>Post</u>	<u>Salary Scale</u>	<u>From</u>	<u>To</u>
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16. Where a period of experience is a requirement for the post applied , state period of such experience :

17. I certify that all particulars stated by me in this application are true and accurate. I am aware that if any , particulars are found to be false or inaccurate prior to my selection, will be reject and that if particulars are found to be false or inaccurate after my selection, I will be dismissed from the service without compensation.

Date

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Signature of applicant

NOTE : Applicant in the service of Government Departments , Corporations or Statutory Boards Should forward their applications through the Head of the institution concerned.

Forward : I certify that the particulars given in columns 01 to 16 of application are correct according to the applicant's personal file. He/she could be/could not be released from this institution if selected for an appointment.

Date :
(Delete whichever is inapplicable)

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Signature of the Chief Executive Officer