MINISTRY OF EDUCATION
STATE MINISTRY OF SKILLS DEVELOPMENT, VOCATIONAL EDUCATION, RESEARCH AND INNOVATION

CITY UNIVERSITY, KEGALLE CAMPUS

APPLICATION FOR THE POST OF ASSISTANT BURSAR

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POST:

(Indicate the name of the post as given in the advertisement)
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01. **(a)** **Name with initials** :

     (b) **Names denoted by Initials** :

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02. **Whether Mr./Mrs./Miss** :

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03. **(a) Postal Address** :

*(Any change should be
Communicated immediately)*

(b) **Contact Telephone No.** : Fixed: Mobile:

(c) **E-mail Address** :

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04. **National Identity Card No.** :- ☐☐☐☐☐☐☐☐☐☐

05. **(a)** **Date of Birth** :

Year	Month	Date

    (b) **Age as at the Closing Date of Application** :

Years	Months	Days

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06. **Gender** :

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07. **Civil Status** :

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08. **Whether Citizen of Sri Lanka (State whether by decent or by Registration) if by registration, give reference number & date of certificate of citizenship** :

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09. **(a)** **Whether you have been convicted**
For a civil or criminal case previously   :

(b) **If 'Yes' state further information on the same:**

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10. Qualifications (obtained as at closing date of the application) (All qualifications to be considered should be indicated in the application and the certified copies of certificates should be attached to the application.)

Degrees/ Diplomas/ Other	Class/ Pass	University/ HEI/ Institute	Date of Commencement	Effective Date	Duration/ Prescribed Period of Study
BACHELOR'S DEGREE					
POSTGRADUATE DEGREE					
POSTGRADUATE DIPLOMA					
PROFESSIONAL QUALIFICATIONS					
DIPLOMA LEVEL COURSES					
CERTIFICATE LEVEL COURSES					

12. Relevant Training (Short Term) (obtained as at closing date of the) (All information to be considered should be indicated in the application and the certified copies of certificates should be attached to the application)

Name of the Programme	Institute	From	To	Duration (Months/ Weeks/ Days

13. IT Related qualifications (obtained as at closing data of the applications)
(All information to be considered should be indicated in the application and the certified copies of certificates should be attached to the application)

Name of the Programme	Institute	Effective Date	Duration
DEGREE LEVEL			
DIPLOMA LEVEL			
CERTIFICATE LEVEL			
OTHER			

14. Extra-Curricular Activities (obtained as at closing data of the applications) All information to be considered should be indicated in the application and the certified copies of certificates should be attached to the application)

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

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16. Research & Publications if any:

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17. Highest Examination passed in Sinhala/ Tamil/ English:
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18. (a) Present Occupation:

       1. Post   **:**

       2. Date of Appointment to such Post   **:**

       3. Whether confirmed in the Present Post :

       4, Place of work with the Address   **:**

       5. Salary Scale of the Post:

       6. Date of Appointment to the Present Salary Scale:

       7. Present Salary   **(a) Basic**   **:**

                                (b) Allowances   **:**

18. (b.) Previous Appointments if any, with dates:

      (i)   **In the University System prior to 18 (a) above [Internal]**
      (All information to be considered should be indicated in the application and the certified copies of certificates should be attached to the application):

Department/ Institution	Post	Salary Scale	From	To

      (ii)   **Other [External] if Any,**

Department/ Institution	Post	Salary Scale	From	To

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19. (a) Period of Experience gained as at the Closing Date of Applications relevant to the post applied :

      (b) If you have obtained no-pay leave during this period, state reasons and the period of such leave   **:**

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20. Names of Two Non-Related Referees with Addresses and Contact Numbers:

No	Name	Address	Contact No.	Email
01				
02				

I do hereby certify that 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   **Signature of the Applicant**

(TO BE COMPLETED BY THE HEAD OF THE INSTITUTION WHERE APPLICABLE)

The application is recommended / not recommended and forwarded. If the applicant selected for the above post, he/she will be released / not be released to accept the appointment.

Date: Signature of Head of Institution