

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

CITY UNIVERSITY, KEGALLE CAMPUS

APPLICATION FOR THE POST OF DEMONSTRATOR (TEMPORARY)

Faculty :

Department :

Discipline/Subject :

01. Name with initials (Mr./Mrs./Miss) :

02. Name denoted by the initials:

03. Permanent Address:

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Number:.....

04. Address for Correspondence:

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06. Nationality:.....

07. State whether citizen of Sri Lanka by Descent : Yes/Nolf by

Registration, give Reg. No.

08. Gender:.....

09. Civil Status:.....

10. Date of Birth:.....

11. Age:.....

12. Contact Telephone No:

Office:.....

Home:.....

Mobile:..... Fax:.....

E-mail:.....

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13. University Education (give all details in respect of the first degree, diploma postgraduate degree etc. Please annex certified copies of the detailed certificates):

University	Study period (from -to)	Title of the Degree/Diploma	Main subject/s	Class Obtained	Year of graduation	AnnexNo.

14. Details of Professional Qualifications (Please annex certified copies of certificates):

Name & address of the Professional body	Field of the professional study /training	Title of the Professional qualification	Study period (from –to)	Year of award	Annex No.

15. Details of employment: Start from the current or most recent one (Please annex the copies of service certificates).

Period	Organization	Position	Nature of duties	Reason for leaving	Annex No.

16. Details of academic distinctions such as Scholarships Prizes, Gold Medals etc, received during the career /professional training:

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19-18. In your choice of the disciplines indicate the areas that you can undertake teaching at Undergraduate level:

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20-19. Language skills (indicate the level of your proficiency in the appropriate cage using one of the following letters A,B,C and D as per given below):

Languages	Reading	Writing	Conversation
Sinhala			
Tamil			
English			
Others (Specify)			

A- Fully competent
 B - Moderately competent

C- Can Manage with difficulty
 D- Not competent

20. Secondary Educations:

Period	School	Examinations passed

21. Extra- Curricular activities: Give details

21.1

School Level

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University Level

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National Level

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22. Any other information that you consider as supportive of you application:

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23. Names positions and Addresses of two non – related referees:

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25-24 Declaration by the applicant:

I certify that the information furnished in this application is true and correct to the best of my knowledge. I am aware that if any information contained in this application is found to be incorrect after my being selected, my appointment is liable to be cancelled without any compensation.

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Date

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Signature

26-25 Observations of the present employer:

(Those who are employed in Government /Semi Government Sector should forward their application through their present employer)

I **recommend/ not recommend** this application. The applicant will be/ will not be released from his present employment, if **he/ she** is selected for this appointment *(Delete the inapplicable words)*

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Date

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Signature of the Head of the Institution
(Office stamp to be affixed)