

RAJARATA UNIVERSITY OF SRI LANKA

FORM OF APPLICATION FOR THE POST OF PROFESSOR / ASSOCIATE PROFESSOR

Professor / Associate Professor

(Delete as appropriate)

POST APPLIED FOR:

SPECIALTY

1.	PERSONAL DETAILS						
(If registered as a student in a University under any name, please indicate such name within bracket)							
Surname:				Other Names:			
Date of Birth (attach certificate)							
		D 6		Citizen of Sri Lanka	Yes	X	
		Professor			No		
	Title:	Rev.		Sex	Male		
		Dr.	X	Sex	Maie		
		D1.			Female	X	
		Mr.		Civil Status	Single		
		Ms.			Married	X	
Professional Summary			<u>I</u>	Degrees (Eg. B.Sc. Hons Cey., M.Sc. Land.)			
				Titles of theses written			

Postal:	Tel:	Tel: Fax:		
	Fax:			
	E-mail:			
3. Academic and I	rofessional Qualifications:			
Degree/Qualification	University/Institution	Years attended	Subject/Specialty	
4. Proficiency on I	anguages: Highest Examination	on passes in,		
Sinhalese-				
Tamil-				
English -				
Other -				
5. (a)Present Occur	oation and salary drawn:			
(b) Previous	Employment, if any, with dates	s and periods (begi	n from the last):	

 Date		Signature of Applicant		
am av disqu	ware that if any of these particular	mitted by me in this application are true and accurate. I rs are found to be false or inaccurate, I am liable to be dismissed without any compensation if the inaccuracy is		
13.	Declaration			
12.	Two Professional References: (01)	(02)		
11.	•			
10.	Vision Statement:			
10	Vision Statements			
9.	Research Interest:			
8.	Extra – Curricular Activities:			
7.	Punishments / Disciplinary acti	ions:		
	(a) As a University Student (b) At work	: :		

TO BE COMPLETED BY THE HEAD OF THE INSTITUTION WHERE APPLICABLE

Vice Chancellor The Rajarata University of Sri Lanka,	
Mihintale.	
This application is forwarded. Please note the candidate from service.	at if selected, action will be taken to release the
Date	Signature of Head of the Institution
(With appropriate internal routing)	