

**Format of application form for Senior Lecturer and Lecturer posts
(Medical/Dental)**

1. **Post:** Senior Lecturer Grade I / Senior Lecturer Grade II / Lecturer (Unconfirmed) /
Lecturer (Probationary) (delete whichever is not applicable)
2. **Department of study:**
3. **Area of postgraduate specialization, as specified in advertisement** (applicable only for SL I / SL
II and L (U) posts):
4. **Name in full:** Dr/Mr/ Ms
.....
5. **Name with initials:**
6. **Permanent address:**
.....
.....
7. **Business address:**
.....
.....
8. **Contact information:** Telephone
Fax
Email
9. **Date of birth:** (mm/dd/yyyy)
10. **Age as on closing date for applications:** years months
11. **Civil status:**
12. **Sri Lankan Citizenship:** by descent / by registration
(delete whichever is not applicable)
13. **National ID number:**

14 **Details of secondary education:**

Name of school	From	To	Examinations Completed
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15 **Details of basic degree:**

University:

Period of enrolment: From:..... To.....

Name of the degree:

Effective date of the degree:

Class obtained for Final MBBS / BDS or equivalent examination:

First / Second (upper) / Second (lower) / Pass (delete whichever is not applicable)

Class obtained for 3rd MBBS or equivalent examination:

First / Second (upper) / Second (lower) / Pass (delete whichever is not applicable)

Class obtained for 2nd MBBS or equivalent examination:

First / Second (upper) / Second (lower) / Pass (delete whichever is not applicable)

Prizes / Medals / Distinctions / Dean's List awards:

.....

.....

(Academic transcript should be attached to application)

16 **Postgraduate Academic Qualifications**

	University/Institution	Name of qualification	Period of enrolment (from – to)	Effective date of qualification
1				
2				
3				
4				

*Add more rows if required

In case of research degrees, title of thesis:

.....

.....

Prizes / Medals / Distinctions (attach evidence of award):

.....

.....

17 Other Professional Qualifications:

University/Institution	Name of qualification	Period of enrolment (from – to)	Effective date of qualification
1			
2			
3			
4			

*Add more rows if required

18 Research and publications:

	Type of publication	Total number
(i)	Original research published as full papers in peer-reviewed journals	
(ii)	Original research published as full papers in conference proceedings	
(iii)	Presentation (oral or poster) at conference, published in abstract form	
(iv)	Book chapters	
(v)	Books and monographs	
(vi)	Any other publications not listed above	

Attach the list of relevant publications in the following format, together with one copy of each publication:

- (i) Original research published as full papers in peer-reviewed journals (author name(s), year of publication, title of paper, full name of journal, volume number, page numbers)
- (ii) Original research published as full papers in conference proceedings (author name(s), title of paper, name of conference, city and country, year, page numbers)
- (iii) Presentation (oral or poster) at conference, published in abstract form (author name(s), title of presentation, name of conference, city and country, year, page number)
- (iv) Book chapters (author names, title of chapter, title of book, publisher, city and country of publication, year of publication, page numbers)
- (v) Books and monographs (author's name, title of book, publisher, city and country of publication, year of publication, number of pages)
- (vi) Any other publications not listed above

23 Are you under any obligatory National Service? Yes / No
If yes, provide details.

24 **Non-related referees**

N.B. (i) for those applying for a SL I / SL II / L (U) post, at least one referee should be a postgraduate supervisor/ trainer

(ii) referees are expected to submit a confidential report within 2 weeks of receiving a request from the University

(1) Name:
Address:
.....
.....

Contact information: Telephone
Fax
Email

(2) Name:
Address:
.....
.....

Contact information: Telephone
Fax
Email

Declaration

I hereby declare that the particulars furnished by me in the application are true and accurate. I am aware that if any particulars contained herein are found to be false or inaccurate, I am liable to disqualification if the inaccuracy is discovered before the selection, and dismissal without any compensation if the inaccuracy is discovered after the appointment.

Signature of applicant:

Date:

For applicants currently employed in the public sector

This application for the post of, submitted by, is forwarded herewith. If s/he is selected for the said post, s/he can/cannot be released.

Signature of the Head of Institution

Name:

Designation:

Seal:

This application should be accompanied by a detailed curriculum vitae, photocopies of the relevant certificates, transcripts, and other documents, including research publications.

The completed application and supporting documents should be sent by registered post, with the relevant post and Department of study, clearly marked in the top left corner of the envelope, to reach the following address by the closing date:

The Deputy Registrar, Academic Establishments,
University of Kelaniya
Dalugama, Kelaniya

Alternatively, soft copies of the completed application and all supporting documents may be sent by email to the following email address: applyme@kln.ac.lk The subject line should indicate the relevant post and Department of study.