

FORM OF APPLICATION

POST	Γ APPLIED FOR:		
1.	Name in Full: Rev./Mr./Mrs./Miss [Underline [If registered as a student in a University under any or please indicate such name within brackets]		
2.	Postal Address [Any change should be communicated immediately]		
3.	Contact Telephone No.	E-Mail - Fax No	
4.	Date of Birth & Age [Please attach copy of Birth Certificate]		
5.	Nationality		
6.	Civil Status		
7.	Whether Citizen of Sri Lanka [State whether by descent or by registration; if by registration, give reference number and date of certificate of citizenship]		

8.	Educational Qu	uannic	ations	[Please atto	ich copies (of all relevant certificat	es]
	University Educate Degree/Diploma, Name of the University	tion etc.	<u>&</u>	From	<u>To</u>	Course Followed	Date of Final Exam & Results [Give Class/Grade]
9.	Special Qualific [Professional, etc			copies of all	relevant co	ertificates]	
10.	Postgraduate ([State whether by relevant certificate.	course			uration and	d effective date – Pleas	e attach copies of all

11.	[Indic	demic Distinctions, Scholarships, Medals, Prizes, etc., cate the Institution from which such awards have been obtained – Please attach copies of ant certificates]
12.		earch Publications, if any ace is insufficient, please use a separate sheet]
13.	Prof	iciency on Languages: Highest Examination passed in,
		Sinhala -
		Tamil -
		English -
14.	(a)	Present Occupation: 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) Salary Step- (b) Allowances-

	eartment/ Institution	<u>Post</u>	<u>From</u>	<u>To</u>	Reasons for Leavin
(c)	Experience, if any				
(d)	Particulars of Bon	d Obligations to	Higher Education	onal Inst	itutions/Institutes
	if any:				
	(i) Obligatory P (ii) Amount Due				
	(ii) Amount Due	e :			
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Du Ed	(ii) Amount Due	ishments, if any, a the University/ on			
Du Ed	mmendations/Puniring your career in	ishments, if any, a the University/ on			

17.	Any other relevant particu [Not included above]	ılars
18.	Names of two Non related [With positions and addresses]	referees
	<u>Name</u>	Address
	1.	
	2.	
10	Whose a posied of experie	nos is a requirement for the nest applied state period
19.	of such experience with de	nce is a requirement for the post applied, state period tails:
20.	I hereby certify that the partic	culars submitted by me in this application are true and accurate.
20.	I am aware that if any of thes	tion and to be dismissed without any compensation if the
	Date	Signature of Applicant

(a)	Is the applicant on probation?	Yes / No
(b)	Was any disciplinary action taken against the applicant?	Yes / No
(c)	I recommend/ not recommend the applicati	ion.
	Date	Signature of Head of Department