UNIVERSITY OF COLOMBO

SRI LANKA.

FORM OF APPLICATION – TEMPORARY INSTRUCTOR

Department of Information and Communication Technology
Faculty of Technology

1. Name in Full: Underline Surname *(see note (I) below)*				
2. Whether Mr./Mrs./Miss			NIC No:	
3. Postal Address: (any change should be communicated immediately)				
4. Telephone Number & e mail address (if available)				
5. Date of Birth & Age:				
6. Academic/Professional Qualifications	From	To	Course followed (with subjects)	Results (give Class or Grade)
7. Any other academic distinctions, Scholarships, Medals, Prizes, etc. (indicate the institution from which such awards have been obtained)				

Note (I): If you were registered as a student in a University under any other name, please indicate such name within brackets.

8. (a) Present occupation, place, date of appointment:	
(b) Experience: Department / Institution	Post From To
9. Publications:	
10. Extra-curricular activities:	
11. Any other:	

12. I hereby certify that the 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: .....

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Signature of Applicant