

FORM OF APPLICATION

| _ | | | | | | | | |
|------------------------------|-----|----------------------------|------------------------|---------------------|-------------------|-----------------------|--------------|-----------|
| Application for the post of: | | | | | | | | |
| 1. | Na | me in Full: (<u>u</u> | <u>nderline</u> the Su | rname) | | | | |
| | Rev | v./ Dr./ Mr./ M | rs./ Ms.: | | | | | |
| | | | | | | | | |
| | Nai | me with initia | als: | | | | | |
| 2. | | a) Address (Any change she | ould be commu | nicated immediate | | ldress for Corre | espondence I | Permanent |
| | | | | | | | | |
| | b) | Contact Nur | nbers | | | | | |
| | | Mobile No. | | Reside | ence: | О | ffice: | |
| | c) | E-mail Addı | ·ess: | | | | | |
| 3. | | a) Sex: | Ŋ | Ma | | Fem | | |
| | b) | Civil Status | Single | | | Married | | |
| | c) | Date of birtl | 1 (Please attac | h a copy of the bir | th certificate): | Age at the | Closing dat | e |
| | | Year | Month | Date | | Years | Months | days |
| | | | | | | | | |
| | d) | National Ide | entity Card | No.: | | | | |
| | | | | | | | | |
| | e) | Citizenship | (If by registrati | on indicate Regist | ration No. / Deta | ils of Dual Citizensh | nip): | |
| | | By Descent | | By Regis | tration | Dual | Citizenship | |
| 4. | | School Educ | ation | | | | | |

From

To

Name of School(s) attended

| University Education: In the Education of Education and effective date should | | attach copies (| of all relev | ant certificates v | with transcripts). |
|---|---------------------|-------------------|--------------|--|--|
| Name of the University | From | То | Tit | le of the Degree | Class & Grade of Fin |
| 1. | | | | | |
| 2. | | | | | |
| Effective date of the Degree/s | s: 1. | | | 2. | |
| Postgraduate Qualificate (State whether by course work certificates with transcripts) | | tion and effec | tive date. | Please, attach | copies of all releva |
| Name of the degree and University/ Inst | | Fr | om | То | Effective da |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| Other Diplomas, Members | hips, Fellowsh | ing oto (otto | 1 | | |
| Name of the University/ | | of the Course | ich a copy | Duration ar | |
| • • • | | | ich a copy | | nd |
| Name of the University/ | | | ch a copy | Duration ar | nd |
| Name of the University/ | | | ch a copy | Duration ar | nd |
| Name of the University/ Institute/ Body | Title o | f the Course | | Duration ar Credits | nd Year |
| Name of the University/ Institute/ Body | Title o | f the Course | | Duration an Credits sufficient, please | e use a separate sheet) |
| Institute/ Body Professional Qualifications | Title o | of the Course | | Duration an Credits sufficient, please | nd Year |
| Name of the University/ Institute/ Body Professional Qualifications | Title o | of the Course | | Duration an Credits sufficient, please | e use a separate sheet) |
| Name of the University/ Institute/ Body Professional Qualifications | Title o | of the Course | | Duration an Credits sufficient, please | e use a separate sheet) |
| Name of the University/ Institute/ Body Professional Qualifications | (attach a copy of c | ertificates). (If | space is in | Duration ar Credits assufficient, please To Ex | e use a separate sheet) amination passed begree obtained etc |

Sinhala Tamil

| | thers (S Fully Con | Specify) | | B – M. | nderatels: | Compete | ent | C - Co | n Man | age with diff | iculty | D – Not (| Omnete | •nf | |
|-------------|-----------------------|--|-----------|---------|-------------------|---------|-------------------|---------|----------------------|-----------------|--------------------------|------------|--------|---------|-----|
| | | | | | | | | | | ufficient, ple | | | | | |
| N | lo. | | e of tl | ne Arti | Article Author(s) | | | | Source and date of t | | | | | | |
| j | i. | | | | | | | | | | | | | | |
| i | i. | | | | | | | | | | | | | | |
| i | ii. | | | | | | | | | | | | | | |
| tic | | elevant | | | able c | ategor | y by | checkin | g th | e relevan | | vhen a | pplyii | ng (ple | ea. |
| \vdash | ursar | | 1 | | 2 | | 3 | | 4 | 5 | _ | 6 | | 7 | T |
| | ii. | Whether confirmed in the present po (<i>Please attach evidence from the employ</i> iv. Place of work with address | | | | | | | | | | | | | |
| | V. | The second secon | | | | | | | | | | | | | |
| | vi. | 1 | | | | | | | | | | | | | |
| | Allowances | | | | | | | | | | | | _ | | |
| (b) |) Previ | ous En | nploy | ment | Reco | rds: | | | | | | | | | |
| | | Post held University/ | | | | Peri | Period of Service | | | Last monthly | | Reason for | | | |
| | 1 UST HEIU | | Institute | | Fron | From To | | | Salary received | | cessation o Employmen | | | | |
| | | | | | | | | | | | | | | | |
| | | | | - 1 | | | | | | | | | | | |

(c) Commendations/ Punishments, if any, during your career in the University/ Educational Institutions/ Institutes.

| | (d) Have you ever been served with a Vacation of Post (VoP) notice by any ot University/ Government institution? If so, please provide details. | | | | | | | | | | | |
|-----------|---|-------------|---|--|--|--|--|--|--|--|--|--|
| 13. | Any further relevant particulars (not included above) | | | | | | | | | | | |
| 14. | Two (02) non-related referees | | | | | | | | | | | |
| | Name | Designation | Address & Contact details with the e-mail address | | | | | | | | | |
| | 1. | | | | | | | | | | | |
| | 2. | | | | | | | | | | | |
| <u>Im</u> | portant Notices: - | | | | | | | | | | | |
| | i. Submit your application according to the requirements and guidelines indicated in th advertisement mentioned on the website www.seu.ac.lk relevant to the advertised post. | | | | | | | | | | | |
| | ii. All applicants should possess the required qualifications and experience by the closing date of the application. No qualification fulfilled after the closing date will be considered. | | | | | | | | | | | |
| | iii. The applicant should place his signature on all pages at the bottom of the application. | | | | | | | | | | | |
| | iv. Applications will be rejected on the ground of the following reasons: a. Applications which have not been submitted as per this form and applications which have not been attached with copies of the required documents. b. Late applications, incomplete applications and applications which do not satisfy all the requirements set out in the advertisement. c. Any application which is not submitted through the proper channel. | | | | | | | | | | | |
| 15. | . I hereby certify that the particulars submitted by me in this application are true and accurate. I are aware that if any of the particulars are found to be false or inaccurate, I am liable to be disqualified before selection and/or to be dismissed without any compensation, if the inaccurace is detected after the appointment. | | | | | | | | | | | |
| | Date: Signature of the Applicant | | | | | | | | | | | |

Recommendation of the Head of the Department/ Division

| Forwarded. he/ she could be released/ could not be released from the Branch/ Unit if selected for an appointment. | he service of this Department/ |
|---|---|
| Date: | Signature of the Head of the Department/ Division |
| Note – In the case of an employee attached to the Faculties, Libraries & Financia | al Branches should complete. |
| Recommendation of the Dean/ Librarian/ Bursar: | |
| Recommended/ Not-Recommended | |
| Date: | Signature of the Dean/ Librarian/Bursar |
| (Should be filled by the Establishment I | Division) |
| I certify that the particulars given in columns 01 to 13 of this applicant's personal file maintain by the Establishments Division. | cation are correct according to the |
| Subject Clerk: | |
| Date: | Signature of the Deputy/ Senior/ Assistant Registrar (Establishment Division) |
| Recommendation of the Head of the Institutions | |
| Recommended / Not-Recommended. He/ She could be released/ couniversity/ Institute if selected for the appointment. | ould not be released from the UGC/ |
| Date: * Delete whichever is inapplicable | Signature of the Head of the Institution |