

UNIVERSITY OF COLOMBO  
SRI LANKA.

FORM OF APPLICATION

|                                                                                                                                                                          |  |                                       |         |                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------|---------|-------------------------------------|
| POST .....                                                                                                                                                               |  |                                       |         |                                     |
| DEPARTMENT.....                                                                                                                                                          |  |                                       |         |                                     |
| 1. Name in Full : Underline Surname<br>(see note (I) below)                                                                                                              |  |                                       |         |                                     |
| 2. Whether Ven./Rev./Mr./Mrs./Miss                                                                                                                                       |  |                                       | NIC No: |                                     |
| 3. Postal Address :<br>(any change should be communicated immediately)                                                                                                   |  |                                       |         |                                     |
| 4. Telephone Numbers & e mail address                                                                                                                                    |  | Office: Mobile No:<br>E mail address: |         |                                     |
| 5. Date of Birth & Age :                                                                                                                                                 |  |                                       |         | 6. Civil Status :                   |
| 7. Whether Citizen of Sri Lanka :<br>(state whether by descent or by registration:<br>if by registration, give reference number &<br>date of certificate of citizenship) |  |                                       |         |                                     |
| 8. Education - Schools attended<br><br>(i).<br>(ii).<br>(iii).<br>(iv).                                                                                                  |  | From                                  |         | To                                  |
| 9. University Education:<br>(Degrees, Diplomas etc.)<br>University<br>(see note (II) below)                                                                              |  | From                                  | To      | Course details*<br>(with subjects)  |
|                                                                                                                                                                          |  |                                       |         | Results<br>(give Class<br>or Grade) |

Note (I): If you were registered as a student in a University under any other name, please indicate such name within brackets.  
Note (II) : State Index Number if known and Campus.  
\* State whether the degree followed, special or general. If a special degree, mention the specialized subject.

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|                                                                                                                                              |  |
|----------------------------------------------------------------------------------------------------------------------------------------------|--|
| 10. Postgraduate qualifications & dates of obtaining same :                                                                                  |  |
| 11. Any other academic distinctions, Scholarships, Medals, Prizes, etc. (indicate the institution from which such awards have been obtained) |  |

|                                                                                                                 |  |
|-----------------------------------------------------------------------------------------------------------------|--|
| 12. Research & Publications, if any :<br>(if space is insufficient, please use<br>separate sheet of same size.) |  |
| 13. Highest Examination passed in<br>Sinhala/Tamil :                                                            |  |
| 14. (a) Present <b>occupation</b> , place, date of<br>appointment and basic salary<br>drawn :                   |  |

|                                                                                       |             |             |           |
|---------------------------------------------------------------------------------------|-------------|-------------|-----------|
| (b) Previous appointments, if any,<br>with dates :<br><u>Department / Institution</u> | <u>Post</u> | <u>From</u> | <u>To</u> |
| 15. Extra - Curricular activities :                                                   |             |             |           |
| 16. Any further relevant particulars :<br>(not included above) :                      |             |             |           |
| 16. (Contd.)                                                                          |             |             |           |

17. In the event of being selected please indicate the latest date on which you would be able to assume duties.

|                                                                                 |          |          |         |  |
|---------------------------------------------------------------------------------|----------|----------|---------|--|
| 18. Names of two persons<br>(with addresses) to whom reference<br>can be made : | Name     |          | Address |  |
|                                                                                 | 1.       | .....    |         |  |
|                                                                                 |          | .....    |         |  |
|                                                                                 |          | .....    |         |  |
|                                                                                 |          | Tel. No: | Fax No: |  |
|                                                                                 |          | e-mail : |         |  |
|                                                                                 | 2        | .....    |         |  |
|                                                                                 |          | .....    |         |  |
|                                                                                 |          | .....    |         |  |
|                                                                                 |          | Tel. No: | Fax No: |  |
|                                                                                 | e-mail : |          |         |  |

19. 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: .....

.....  
Signature of Applicant

**Recommendation of the Head of the Institution**  
(If employed at Higher Educational Institutions, Government Departments and Government Corporations)

I recommended and forwarded herewith the application of .....for the above post and agree/ do not agree to release him/her in case selected to the post applied for.

Date: .....

.....  
Head of the Institution