FORM I

UNIVERSITY OF COLOMBO

SRI LANKA.

FORM OF APPLICATION

POST .....

DEPARTMENT.....

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

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 : (if space is insufficient, please use separate sheet of same size.)	
13. Highest Examination passed in Sinhala/Tamil :	
14. (a) Present **occupation**, place, date of appointment and basic salary drawn :	

(b) Previous appointments, if any, with dates : Department / Institution	Post	From	To

15. Extra - Curricular activities :	

16. Any further relevant particulars : (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 (with addresses) to whom reference 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