For Office Use	

GENERAL SIR JOHN KOTELAWALA DEFENCE UNIVERSITY <u>APPLICATION FORM FOR CLERICAL AND ALLIED GRADES</u> (ONE YEAR CONTRACT BASIS)

			NIC No.		
APPLIED) POST :				
1.	Name (In block letters)				
	a. Full name				
	b. Name with initials: Mr / Ms.:				
2.	a. Permanent Address:				
	b. Tel: Res. No. :				
	d. Skype ID:				
3.	Date of Birth: Year Month Date	4. Age: (As at closing date)	Years	Months	Days
5.	Civil Status Married Single	6. Sex: Male	Fen	nale	
7.	Sri Lankan Citizenship: By Descent	By Registration			
8.	Schools Attended:				

Subject Grade Subject Grade Subject Grade	ame of t	a) GCE (O/L) Examina		Name of the		(A/L) Exa	mination		
(Attach Copies of Certificates) 11. Vocational Level Qualifications Diploma & Certificates: University/Institution Diploma/Certificate Course From To Subjects followed and the effective date Research	dex No:	:	Year :	Index No:			Year :		
11. Vocational Level Qualifications Diploma & Certificates: University/Institution Diploma/Certificate Course Period From To Subjects followed and the effective date Reserved Reserv		Subject	Grade		Suk	oject		Gra	de
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To the effective date			D. 1 (0 1/1)		Per	iod	Subjects followed an	nd	_
		University/Institution	Diploma/Certifi	cate Course	From	То	the effectiv		Resu
12 Other Qualifications if any							uate		
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12. Ottlet Qualifications, it any	12.	Other Qualifications,	if any						

Sinhala

Highest Examination passed in the following Languages:

9.

3.	a.	I IOSOIR C	Occupations: (if space is insuffic				1		£ 545.7
	Plac	ce of work	Designation & nature assigned	Designation & nature of work		Salary draw per month		Period of stay From To	
			J			•		Tiom	10
b.	Prev	rious Occup	ation/s: (if space is in:	sufficient	pleas	se use a se	eparate	sheet)	
	Dloc	ce of work	Designation & nature of work	Salary d	Salary drawn		of stay	Doggon fo	r Loovins
	Piac	ce of work	assigned	per month		From	То	Reason fo	or Leaving
1 .	Extra	a Curricular	Activities:						
5.	Name		tions and addresses o	of two nor		ed referee	s:	Contact N	0
	INAITIE	.	Address			<u>Биранон</u>		Contact N	<u> </u>

16. Certification by Applicant

I hereby certify that the particulars submitted by me in this application form 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.

Further, I have enclosed copies of following documents. (Please put " $\sqrt{}$ " mark)

A. Educational Q	ualifications	B. Other Certificates						
1. O/L		1						
2. A/L		2						
3. Diplom	na	3						
C. Service Certifi	cates							
Date :		Signature of Applicant						
17 To be comple								
17. To be comple	eted by the present employe	er (If any)						
Applicant can/ cannot be released, if selected for appointment.								
Any Special Comments	3:							
Name :		Signature						
Designation:								
Date :								
For Office Use								
Date Received								
Eligibility	Yes	No						
If No, Reasons								
Registrar/Senior Assistant Registrar (Establishment)								
Comments of Head/Dean								