



RAJARATA UNIVERSITY OF SRI LANKA

FORM OF APPLICATION FOR THE POST OF PROFESSOR / ASSOCIATE PROFESSOR

POST APPLIED FOR: Professor / Associate Professor
(Delete as appropriate)

SPECIALTY :

I. PERSONAL DETAILS

(If registered as a student in a University under any name, please indicate such name within bracket)

Surname:			Other Names:		
Date of Birth (attach certificate)					
Title:	Professor		Citizen of Sri Lanka	Yes	
				No	
	Rev.		Sex	Male	
	Dr.			Female	
	Mr.		Civil Status	Single	
	Ms.			Married	
Professional Summary			Degrees (Eg. B.Sc. Hons Cey., M.Sc. Land.)		
			Titles of theses written		

2. **Address (Any changes should be communicated immediately. An e-mail address Is strongly encouraged)**

Postal:	Tel:
	Fax:
	E-mail:

3. **Academic and Professional Qualifications:**

Degree/Qualification	University/Institution	Years attended	Subject/Specialty

4. **Proficiency on Languages: Highest Examination passes in,**

Sinhalese-

Tamil-

English -

Other -

5. **(a)Present Occupation and salary drawn:**

(b) Previous Employment, if any, with dates and periods (begin from the last):

6. **Commendations of any, during your career**

(a) As a University Student (b) :
At work :

7. Punishments / Disciplinary actions:

8. Extra – Curricular Activities:

9. Research Interest:

10. Vision Statement:

11. Any other relevant particulars (not included above):

12. Two Professional References:
(01)

(02)

13. Declaration

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

TO BE COMPLETED BY THE HEAD OF THE INSTITUTION WHERE APPLICABLE

Vice Chancellor
The Rajarata University of Sri Lanka,
Mihintale.

This application is forwarded. Please note that if selected, action will be taken to release the candidate from service.

.....
Date
(With appropriate internal routing)

.....
Signature of Head of the Institution