## 

For Office Use only	
NIC No	Professor Lecturer (Prohetionery)
Applied Post (Please put "√" mark on relevant box) (Tick only one box)	Senior Lecturer Gr. I Instructor  Senior Lecturer Gr. II  Lecturer Unconfirmed
Faculty	
Department	
Preferred Field of Teaching (Specialized area)	
Other fields interested to teach	
01. Full Name (In block letters)	
Name with initials	Prof/Dr/Mr/Ms
02. a. Permanent Address	
b. Tel No	Residence
	Mobile
c. E-Mail	

	d. Fax					
	e. Skype ID					
03.	Date of Birth	Year		Month		Date
04.	Age (as at closing date)	Years	;	Months		Days
05.	Civil Status	N	larried			Single
06.	Gender	I	Male			Female
07.	Sri Lankan Citizenship	Ву	Descent		Ву	Registration
08.	School/s Attended					
09.	Highest Examination Passed in	Sinhala				
		Tamil				
		English				

10. University Education (Basic Degree)

Basic Degree	Effective Date	Awarded Institute	Medium	Special or General Degree	Subjects Followed	Class (Pl. indicate clearly)	Annexure No. (Copy of the Certificate)

## 11. Postgraduate Qualifications

(if space is insufficient please use a separate sheet)

Degree/Diploma Course	Effective I A 1 1	Full time		Duration				Credits		Annexure No. (Copy	
(by research or by Examination)	Date	Institute Awarded	or part time	From	То	Yrs	Mts	Course work	Research / Thesis	Total	of the Certificate)
											·

12. Professional Qualifications

(PGIM Board certification, Chartered Qualifications, Attorney at Law, etc.)

(if space is insufficient please use a separate sheet)

	Educational and professional qualifications								
Sr. No.	Qualification	Effective	Institute Awarded		Duration	n		Annexure No.	
110.	Qualification	Date	Institute Awarded	From	То	Yrs	Mts	(Copy of the Certificate)	

13. a. Present Occupation: (if space is insufficient, please use a separate sheet)

		Designation/Post	Nature of work assigned	Salary drawn per month	Period of service				Annexure
	Place of Work				From	То	Yrs	Mts	No. (Copy of the Service Letter)
-									,

b. Previous Occupations: (if space is insufficient, please use a separate sheet)

Sr. No.		Designation/Post		Annexure No. Copy of Service Letter)			
Trace of Work	Tidee of Work	Designation, 1 ost	From	То	Yrs	mts	Letter)

14. Details of Awards/Scholarships etc.

University/ Institution	Scholarships/ Awards/ Prizes/ Academic Distinctions	Year	Annexure No. (Copy of the Certificate)

15. (if sp	Research & Publications, if any: pace is insufficient, please use a separate sheet)
16.	Extra-Curricular Activities (if space is insufficient, please use a separate sheet)
17.	Any other relevant facts

	•	d in to a Bond/Agred aining/Study Programmo		your previous
i.	Institute/s	:		
ii.	Nature of Traini Study Programm	ng/ : ne		
	, 0			
iii.	Obligatory Perio			
iv.	Date of Commer	ncement:riod		
v.	Date of Expiry o			
vi.	Monetary Value	4		
19. N	the Bond  James, occupation	s and addresses of two n	on related referees	
	Name	Address	Occupation	Contact No

## 20. 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 the following documents. (Please insert "  $\sqrt{}$  " mark)

Desc	ription of Document	Attached	Annexure No
1. Biı	th Certificate		
2. NI	C/Passport		
3. Ba	sic Degree Qualifications		
a.	Basic Degree Certificate		
b.	Transcript/ Detailed results sheet		
4. Po	stgraduate Qualifications	,	
a.	Postgraduate Degree certificate		
b.	Transcript/ Detailed results sheet		
5. Aı	thentication letter from UGC (for foreign Degrees)		
6. Pro	ofessional Qualifications		
a.	Certificates/ Letters		
b.	Special Training		
7. Se	rvice Certificates		
Date	:		

Signature of Applicant	

21. To be completed by the present employer (if any)					
	Applicant can/ cannot be released, if selected for the post applied at General Sir John Kotelawala Defence University.				
	Any Special Comments :				
Signature					
Name :					
Designation:					
Date :					
For Office Use Only					
Da	ite Received				
Eli	gibility	Yes	No		
Ca	itegory				
If I	No, Reasons				
Registrar/Senior					
	sistant Registrar				
(Es	stablishment)				
	omments of				
He	ead/Dean				