



RAJARATA UNIVERSITY OF SRI LANKA
FORM OF APPLICATION (FOR EXTERNAL CANDIDATES)

For Office Use Only

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POST APPLIED :

01. (a) Name with initials :

(b) Names denoted by initials :

02. Whether Rev./Mr./Mrs./Miss :

03. (a) Permanent Address :

Postal Address :

(Any changes should be communicated immediately)

(b) Contact Telephone No. :

04. National Identity Card No. :

05. (a) Date of Birth :

(b) Age as at the closing date of applications : Years : Months : Days :

06. Civil Status :

07. Whether Citizen of Sri Lanka :

(State whether by decent or by registration. If by registration give reference number & date of certificate of citizenship)

08. Race :

(State whether Sinhala, Tamil, Person of Indian Origin or Muslim)

09. Education – School attended

School	From	To
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01
02
03
04

10. School Education

(i) G.C.E. (Ordinary Level)

1st Attempt

2nd Attempt

Year :- Index No.:- Year :- Index No.:-

S.No.	Subject	Grade

S.No.	Subject	Grade

(i) G.C.E. (Advance Level)

1st Attempt

2nd Attempt

Year :- Index No.:- Year :- Index No.:-

S.No.	Subject	Grade
1		
2		
3		
4		

S.No.	Subject	Grade

11. University Education

University	Degree/Diploma	Class	Date of Commencement	Effective date	Duration

12. Professional Qualifications:

Institution	Course	Date of Commencement	Effective date	Duration

13. Highest examination passed in Sinhala and English

Sinhala:

English:

14. Experience Related to the Post applied:

Institution	Post Held	From			To		
		Y	M	D	Y	M	D

15 Extra Curricular Activities:

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16. Physique (Only required posts)

Height : Inches.....

Chest : Inches.....

I do hereby certify that 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 Department/Division

.....
Signature of the Head
of the Department/Division

Date:.....

I hereby certify that the particulars given in columns 01 to 16 of this application are correct according to the candidate's personal file.

Checked by:
Personnel Clerk

.....
Signature of the Head of the
Personnel Department

If the above candidate is selected, he/she can/cannot be released from this Institution/Department.

Date:

.....
Head of the Institution/Department