



Postgraduate Institute of Management

University of Sri Jayewardenepura

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APPLICATION FOR POST OF:

Area(s) of specialization:

1. Name in full:

2. Date of Birth : <input type="text"/>	3. Nationality: <input type="text"/>	4. Marital Status: <input type="text"/>	5. Sex: <input type="text"/>
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<p>7. Residential Address: <input type="text"/></p> <p>Tel: <input type="text"/> Fax: <input type="text"/></p> <p>E-Mail: <input type="text"/></p> <p>Mobile: <input type="text"/></p>	<p>8. Business Address: <input type="text"/></p> <p>Tel: <input type="text"/> Fax: <input type="text"/></p> <p>E-Mail: <input type="text"/></p> <p>Mobile: <input type="text"/></p>
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8. Education: Give details of secondary, technical and university education etc. in chronological order.
(Give class obtained at the degree exam):

Institution	Date		Qualification obtained. Give the month and year of award	Degree & class
	From	To		

14. Teaching Interests:

Proposed Area(s) of Training at PIM	Specify Relevant Qualifications Research, work experience etc.

15. Supplementary Information: (any relevant information)

Referees:

1. Name:	<input type="text"/>	<input type="text"/>	2. Name:	<input type="text"/>	<input type="text"/>
Position:	<input type="text"/>		Position:	<input type="text"/>	
Address:	<input type="text"/>		Address:	<input type="text"/>	
Tel:	<input type="text"/>		Tel:	<input type="text"/>	

I certify that the information given above is correct.

Date: Signature: _____

(Please also attach your full CV along with this application)