

FORM OF APPLICATION

	POST APPLIED FOR:		
1.	Name in Full: Rev./Mr./Mrs./Miss [Underline Surname] [If registered as a student in a University under any other name, please indicate such name within brackets]		
2.	Postal Address [Any change should be communicated immediatel	y]	
3.		E-mail -	
	Contact Telephone No.	Fax No	
4.	Date of Birth & Age [Please attach copy of Birth Certificate]	NIC No.:	
5.	Nationality		
6.	Civil Status		
7.	Whether Citizen of Sri Lanka [State whether by descent or by registration; if by registration, give reference number and date of certificate of citizenship]		

					<u>From</u>	<u>To</u>
	1.					
	2.					
	3.					
9.			ns [Please at	tach copies	of all relevant certific	cates]
9.1		<u>/L) Examination</u>	C-1:			C 1
	<u>Year</u>	Index No.	<u>Subjects</u>			<u>Grades</u>
9.2	G. C. E. (A	/L) Examination				
	Year	Index No.	Subjects			<u>Grades</u>
9.3	T]::4	Edwardian				
9.3	University Degree/Dip	loma, etc. &	<u>From</u>	<u>To</u>	Course Followed	Date of Final Exam
		e University				& Results [Give
						Class /Grade]
10.	Special Qualifications [Professional, etc. – Please attach copies of all relevant certificates]					
11.						Please attach copies of

12 .	Proficiency on Languages: Highest Examination passed in,		
		Sinhala -	
		Tamil -	
		English -	
13.	(a)	Present Occupation: 1. Post: 2. Date of appointment to such post:	
	3. Whether confirmed in the present post:		
	4. Place of work:		
	5. Salary scale of the post:6. Present salary: (a) Salary Step -(b) Allowances -		
	(b) Previous Employments, if any, with dates and periods Department/Institution Post From To Reasons for Lea		
	(c) Particulars of Bond Obligations to Higher Educational Institutions/Institutes if any:		
		(i) Obligatory Period:	
		(ii) Amount Due :	
14.	Ext	ra Curricular Activities	

15.	Any other relevant particulars [Not included above]	
16.	Names of two non related referees	
	[With positions and addresses]	
	<u>Name</u>	<u>Address</u>
	1.	
	2.	
17.	17. Where a period of experience is a requirement for the post applied, state period of such experience with details:	
18.	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

19.	[T	[TO BE COMPLETED BY THE HEAD OF THE DEPARTMENT WHERE APPLICABLE]				
	(a)	Is the applicant on probation?	Yes / No			
	(b)	Was any disciplinary action taken against the applicant?	Yes / No			
	(c) I recommend/ not recommend the application.					
		Date	Signature / Head of the Department			
	Note: If space not sufficient to enter the details under each column use a separate sheet and attach to the end.					