

# UVA WELLASSA UNIVERSITY OF SRI LANKA FORM OF APPLICATION

POST	APPLIE	ED FOR:							
Depa	rtment			Subject Area Applied for					
01.	(a) 	Name in Full: (Dr./Mr/Mrs/Miss (underline the Surname)							
	(b)	Name with initials	:						
02.	(a)	Permanent Addre	SS	:					
	(b)	Contact Address (I From permanent a		:					
	(c)	Contact Telephone	e No.	: Home	Ν	Iobile			
	(d)	E-mail		:					
03.		National Identity (	Card No.	:					
04.	(a)	Date of Birth		:					
	(b)	Age as at the closin Applications	ng date of	:					
05.		Civil Status		:					
07.	Citizen	ship							
	By des	cent		By Regis	stration				

#### 08. Qualifications -

#### (a) University Education:

Degree/	Class	University	Year of	Effective	Duration
Diploma			Commencement	Date	
					Duration
Postgraduate	University	By Course or	Date of	Effective	Duration
Degree/	Oniversity	By Research	Commencement	Date	
Diploma		by Research	utiliteiteiteiteite	Dutt	

(please attach copies of degree certificates obtained.)

## (b) Professional Qualifications:

Institution	Qualifications Obtained	Date of Commencement	Effective Date	Duration

- 09. Any other academic distinction : Scholarships, medals, prizes etc. (Indicate the Institution from which such awards have been obtained)
- 10. Research & Publications if any (If : space is insufficient, please use separate sheet of same size)

## **11. Proficiency in Languages:**

Language	Ability to Work		No	Ab	Ability to Teach			
	Very good	Good	Fair	knowledge	Very good	Good	Fair	knowledge
Sinhala								
Tamil								
English								

## 12. (a) Present Occupation

Occupation	Institute	From	То	Number of month	Last salary drawn

# (b) Previous appointment if any, with dates

Post held	Institute	From	То	Number of month	Last drawn salary

## 13. Bond/Agreements you have entered (if any)

14. Extra-Curricular Activities

#### 15. (Names of two non-related reference with addresses and Contact Nos.

:

 Name
 Address
 Contact Numbers

2.

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.

Signature of Applicant

Date:

#### For Public Service/Corporations/Statutory Boards Candidates only

Application for the Post of .....submitted by.....is forwarded herewith. If He/She is selected for the said post He/She can/cannot be released.

Signature of the Head of the Institution

Name

Designation

Date

Official Seal