

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 ofsubmitted 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