



**POSTGRADUATE INSTITUTE OF MEDICINE  
UNIVERSITY OF COLOMBO**



**APPLICATION FOR THE POST OF**

**1. Personal Information**

1.1 Full Name

1.2 Name with Initial/s

(Whether Mr./Mrs./Miss)

1.3 Date of Birth

1.4 Age as at the closing date of application

Year :

Month :

1.5 Sex

1.6

Civil Status

1.7 a) Address

i. Postal

ii. Private

b) Telephone Number

c) Fax Number

d) Email Address

1.8 Whether Citizen of Sri Lanka

Yes

No.

1.9 Ethnicity

1.10 National Identity Card No.

1.11 Place of work

## 2. Educational Qualifications

### 2.1 G.C.E. (O/L) Exam Results

### G.C.E. (A/L) Exam Results

(Attach copies of certificates)

Year	Subject	Grade	Year	Subject	Grade

### 2.2 University/ Post Graduate Education (Degree, Diplomas, Etc)

(Attach copies of certificates)

Name of the Institution	Duration		Course followed with Subjects	Effective Date	Results
	From	To			

### 2.3 Professionals Qualification

(Attach copies of certificates)


## 2.4 Experience with other software packages

Software	Proficiency		
	Fair	Good	Excellent
Moodle			
Adobe Photoshop			
Adobe illustrator			
Multimedia editing tools			
Microsoft office application			

## 2.5 Language Proficiency

Language	Highest Examination Passed

## 3. Employment Record

### (a) Present Occupation

- i. Post :
- ii. Date of appointment to such post :
- iii. Whether confirmed in the present post :
- iv. Place of work with the address :
- v. Salary Scale of the post :
- vi. Present Salary
  - a. Basic Salary :
  - b. Allowances :

(b) Previous Employment Records :

Institution/ Department	Post	From	To	Salary per month

(c) Period of experience gained as at the closing date of application relevant to the post applied;-

4. Type writing

Type Writing		W.P.M
	English	
	Tamil	
	Sinhala	

5. Extra Curricular Activities

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6. Other relevant Particulars

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I do hereby certify that the above particulars submitted by me are true and accurate. I am aware that if any of the particulars are found to be false or inaccurate, I am liable for disqualification or dismissal without any compensation if the inaccuracy is detected after appointment.

Date:.....

.....  
Signature of Applicant



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