



UNIVERSITY GRANTS COMMISSION

APPLICATION FORM

Application to the Post of:

1. Name in full:
(Block Capital Letters)

Name with initials:
(Mr./ Mrs./ Miss)

01. Sex: Male ☐

Female ☐

Civil Status: Single ☐

Married ☐

03. (a.) Postal Address:

.....
.....
.....

(b) Permanent Address:

.....
.....
.....

(c) Telephone No:

(d) Telephone No:

E- Mail Address:

04. (a) Date of Birth

Year	Month	Date

(b) Age as at closing date

Years	Months	Days

05. Citizenship: By Descent ☐

By Registration ☐

07. If by registration, give Registration No:

08. National Identity Card No:

09. State whether Sinhala, Tamil, person of Indian Origin or Muslim:

10. Educational Qualifications: (G.C.E. (O/L) and G.C.E (A/L)

(a) G.C.E (O/L) (attach copies of certificates)

	<u>1st Sitting</u>		<u>2nd Sitting</u>	
	Index No:	Year	Index No:	Year
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Subjects	Grade	Subjects	Grade
01.				
02.				
03.				
04.				
05.				
06.				
07.				
08.				
09.				
10.				

(b) G.C.E (A/L) (attach copies of certificates)

	<u>1st Sitting</u>		<u>2nd Sitting</u>	
	Index No:	Year	Index No:	Year
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Subjects	Grade	Subjects	Grade
01.				
02.				
03.				
04.				

11. A) University Education: First Degree/ Post Graduate Degree
(attach copies of certificates)

Name of the University	Duration				Course followed with Subjects	Results (give class or grade with effective date)
	From		To			
	Month	Year	Month	Year		

B) Other Diplomas, Certificate Courses, Memberships, Fellowships etc. (attach copies of certificates)

Institute	Diploma / Certificate	Duration			
		From		To	
		Month	Year	Month	Year

C) Professional Qualifications: (attach copies of certificates)

Institute	From	To	Examination passed or Qualifications obtained etc.

12. Highest examination passed in Sinhala/ English/ Tamil

1. Sinhala:
2. English:
3. Tamil:

13. (a) Present Occupation (attach service certificate)

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. Basic Salary:**

b. Allowances:

(b) Present Working Period up to closing date of Application

Years	Months	Dates

(c) Previous Employment Records: (attach copies of service certificates)

Post	Department / Institution	Period of Service						Salary Scale	Reason for Cessation of Employment
		From			To				
		Year	Month	Date	Year	Month	Date		

14. State period of experience relevant to the post applied:

Years	Months	Dates

15. Extra-Curricular Activities: (attach copies of certificates)

Sports	Event	Level
Other Certificates	Subject	Level
Positions held in Societies	Positions	Society
Achievements/ Any other		

16. Two non-related Referees:

	Name	Designation	Address	Contact No: Email Address
01.				
02.				

17. I certify that all the particulars submitted by me in this application are true and accurate. I am aware that if any particulars are found to be false or inaccurate prior to my selection, my application will be rejected, and that if particulars are found to be false or inaccurate after my selection, I will be dismissed from service without compensation.

Date:

**.....
Signature of Applicant**

For Internal Applicants only

Secretary

University Grants Commission

Forwarded, I certify that the particulars given in columns 01 to 15 of this application are correct according to the applicant's Personal file.

**.....
Vice-Chancellor/ Registrar/Rector/ Director/Head of Establishment Branch**

Date:

For public Service/ Corporation/ Statutory Board Candidates only

Application to the Post of

Submitted by

Is forwarded hereby. If he / she / is selected for the said post he/ she can be/ cannot be released

**.....
Signature of the Head of the Department
(Official Seal)**

Name :.....

Designation :.....

Date :.....

(N.B.: When applying for several posts, each post should be applied for separately)



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