BUDDHIST AND PALI UNIVERSITY OF SRI LANKA
FORM OF APPLICATION

For Office Use

I.D. No.

POST :……………………………………………………………

1. Name (in block letters)

    a.   Surname :………………………………………………..……………….

    b.   Other Names :………………………………………..………………..

    c.   Name With Initials (Mr./Mrs./Miss) :……………………..…………………

2. Postal Address : ………………………………………………………………..

              ………………………………………………………………..

              ………………………………………………………………..

3.   Contact Telephone No : …………………………………………………………...

       Fax No :……………………… E-Mail :……………………………………...…

4.   Date of Birth :

Year	Month	Date

5.   Age as at the closing date of Application :

Year	Month	Date

6. Civil Status :

Married ☐   Single ☐

7. Sri Lankan Citizenship :

By Descent ☐   By Registration ☐

8. Higher Examination passed in the Following Language :

	Name of the Examination
Sinhala	
Tamil	
English	

9. G.C.E Ordinary Level :

Year…………..   Exam No…………….

Subject	Result	Subject	Result

10. G.C.E Advance Level :

Year…………..   Exam No…………….

Subject	Result	Subject	Result

11. University Education :

University	Degree & The Year	Medium	Special or General Degree	Subjects Followed	Class (Pl. indicate clearly)

12. Postgraduate Qualifications :

University Institution	Degree/Diploma Course (pl. indicate whether by research or by examination)	Period		Subjects Followed & the Effective Date	Results
		From	To		

13. Professional Qualifications :

Institution	Qualifications Obtained	Date of Commencement	Effective Date	Duration

14. Research & Publications, if any :

   (If space is insufficient, please use a separate sheet of same size)

15. (a) Present Occupation :

Employer	Designation & nature of work assigned	Salary drawn per month	Period	
			From	To

   (b) Previous Occupation:

Employer	Designation & nature of work assigned	Salary drawn per month	Period		Reason for leaving
			From	To	

16. Extra-Curricular Activities:

17. Specific details of Administrative Experience (For Administrative Category):

18. Any other relevant facts:

19. Names, Occupation and Addresses of two non-related referees:

Name	Address	Telephone No.	Occupation

I hereby certify that the particular 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:……………………………..

Recommendation by the Head of Department

I Recommended the above application and agree to release the applicant in case he/she is selected for the post applied for

Date :...................................   ………………………….
                                                   Signature of Head of Department

Website - http://www.applications.lk

Facebook - http://www.facebook.com/applications.lk

Twitter - http://www.twitter.com/applicationslk