

SOUTH EASTERN UNIVERSITY OF SRI LANKA

FORM OF APPLICATION

Post:

1.	Name in Full	:		
	Name with in (Rev./ Mr./ M			
2. i.	Sex:	Male	Female	
ii.	Civil Status:	Single	Married	
3.	Postal Addres	55:	Permanent A	ddress:
	Telephone No	D.:	Telephone No	0.:
	e-mail	••••••	e-mail:	

Date of Birth 4.

5.

6.

Date of Birth				Ag	ge at Clos	ing Date	
Year	Month	Date			Years	Months	Days
Citizenship:	By Descen	t	By	Regist	ration		
National Ide	ntity Card No):					

7. Education Schools Attended:

Name of School Attended	From	То

8. University Education: First Degree/ PG Degree (attach copy of certificate)

Name of the University	Dura	ation	Course followed	Results	
	From	То	with Subjects (Special/ General)	(give class or grade with effective date	

9. Other Diploma, Membership, Fellowships etc. (attach copy of certificate)

Diploma etc.	Year
	Diploma etc.

10. Professional Qualifications: (attach copy of certificate)

Institute	From	То	Examination passed or Degree obtained etc

11. Language Proficiency (Please tic \checkmark):

Language	Ability to Work			Ability to Communicate				
	Very good	Good	Fair	No Knowledge	Very good	Good	Fair	No Knowledge
Sinhala								
Tamil								
English								

12. (i) Professional/ Special Qualifications.

(ii) Research & Publications:

13. (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:

Post held	Institute	Period of From	f Service To	Last Monthly Salary received	Reason for Cessation of Employment

- (c) Period of experience gained as at the closing date of applications relevant to the post applied
- 14. Extra curricular activities

16. Two non related Referees:

	Name	Designation	Address
(i)			
<i></i>			
(ii)			

Note:- One of the referees should be the Head of the Institution in which the candidate works.

17. Paste the cash receipt properly here

(Paste the receipt here securely) (It would be advisable to keep a photocopy of the receipt with the candidate)

18. I hereby certify that the particulars submitted by me in this application are true and accurate. I am aware that if any of particulars are found to be false of inaccurate, I am liable to disqualified before selection and to be dismissed without any compensation, if the inaccuracy is detected after appointment.

Date:....

Signature of Applicant

ATTESTATION

I hereby certify that Mr./ Mrs./ Ms who submits this application is known to me personally, that he/ she has paid the prescribed examination fee and affixed the relevant receipt herein. He/ She placed his/ her signature in my presence on								
Date	Signature of the Officer attesting the Signature							
Name in full of the Officer Attesting the Signature:								
Designation :								
Address :								
(Official Stamp)								

For Public Service/ Corporation/ Statutory Board Candidates Only

Application for 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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