

**UVA WELLASSA UNIVERSITY OF SRI LANKA
FORM OF APPLICATION**



POST APPLIED FOR:	
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01. (a) Name in Full: (Dr./Mr/Mrs/Miss (underline the Surname))

.....
.....

(b) Name with initials :-.....

02. (a) Permanent Address :

**(b) Contact Address (If differ :
From permanent address**

(c) Contact Telephone No. :Home Mobile

(d) E-mail :

03. National Identity Card No. :

04. (a) Date of Birth :

**(b) Age as at the closing date of :
Applications**

05. Civil Status :

07. Citizenship

By descent ☐

By Registration ☐

08. Qualifications –
(a) University Education:

Degree/ Diploma	Class	University	Year of Commencement	Effective Date	Duration
Postgraduate Degree/ Diploma	University	By Course or By Research	Date of Commencement	Effective Date	Duration

(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 knowledge	Ability to Teach			No knowledge
	Very good	Good	Fair		Very good	Good	Fair	
Sinhala								
Tamil								
English								

12. (a) Present Occupation

Occupation	Institute	From	To	Number of month	Last salary drawn

(b) Previous appointment if any, with dates

Post held	Institute	From	To	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.

1.	<u>Name</u>	Address	Contact Numbers
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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



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