

BUDDHIST & PALI UNIVERSITY OF SRI LANKA

FORM OF APPLICATION

For Office Use

I.D.No :

POST OF

1	Name in Full									
	(in block letters)									
2	Postal Address									
3	Contact Telephone No	D								
	-						 	 1		
	Fax No									
	E-Mail									

4 Date of Birth

Ye	ear	Mo	onth	D	ate

5 Age as at closing date of application

Year			Mo	onth	D	ate

6 Sri Lankan Citizenship

By Descent	
By Registration	

7 Higher Examination Passed in following language

Name of the Examination

Sinhala
Tamil
English

8 University Education (Basic Degree)

University	degree & the Year	Medium	Special or General Degree	Subjects Followed	Class (Pl. indicate cleary)

9 Postgraduate Qualifications :

University /	degree / Diploma Course (Pl. indicate	Course (Pl. indicate Period		Subjects Followed & the	Results
Institution	whether by research for by examination)	From	То	Effective date	

10 Professional Qualifications (If Space is insufficients, Please use a separate sheet of same size)

University / Institution	Qualifications Obtained	Date of commencement	Effective date	Duration

11 Research & Publications, if any

(If Space is insufficients, Please use a separate sheet of same size)

12 (a) Present Occupation:

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

(b) Previous Occupation:

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

13 Extra Curricular Activities (If Space is insufficients, Please use a separate sheet of same size)

14 Specific details of administrative experience (For Administrative Category) (If Space is insufficients, Please use a separate sheet of same size)

15 Any Other relevant facts

16 Names, Occupations and Addresses of two non related referees

Name	Address	Occupation

17 I hereby certify that the 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 of the inaccuracy is detected after appointment.

Date :	
	Signature

(To be Completed by the Head of Departments where applicable)

Application forwarded. Please note that if selected action will be taken to release him from service.

Date :

Signature of Head of Department



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