

SOUTH EASTERN UNIVERSITY OF SRI LANKA

FORM OF APPLICATION

Application to the Post of:			•••••	•••••	•••••	•••••	•••••	•••••
1.	Name in Full							
	Name with in (Rev./ Mr./ M)				•••••	
2. i.	Sex:	Male		Female				
ii.	Civil Status:	Single		Married				
3. Postal Address:				Permanent Address:				
	Telephone No	o.:		Telephore-mail:	ne No.:			
4.	Date of Birth			Age at Closing Date				
	Year	Month	Date		Years	Month	ıs	Days
5.	Citizenship:	By Descer	nt	By Regis	stration [
6.	National Iden	tity Card No	o:					
7.	Education Sci	hools Attend	ded:					
	Nan		From			То		

9. Othe	er Diplom	a, Membe	ership, Fe	llowships etc. (attach co	py of certi	ficate)	
J	nstitute			Diploi	na etc.			Year
10. Prof	essional (Qualificati	ons: (atta	ach copy of cert	ificate)			
Institute				From	То		Examination passed or Degree obtained etc	
11. Lang	guage Pro	ficiency (Please tic	: ✓):				
Language Ability to Wo			ĭ		Ability to Teach			
	Very good	Good	Fair	No Knowledge	Very good	Good	Fair	No Knowledge
Sinhala								
Tamil								

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

To

Course followed

with Subjects (Special/ General) Results

(give class or grade with effective date

Duration

From

8.

Name of the University

				TIVIII		received	Employment				
Post held		neld	Institute	Period of Service From To		Last Monthly Salary	Reason for Cessation of				
	(b)	Previo	us Employment Record	ls:							
			b. <i>A</i>	Allowances :							
		vi. Pre	esent Salary a. E	Basic Salary:							
v. Salary Scale of the post:						ry Scale of the post:					
		iv. Pla	iv. Place of work with the Address:								
		iii. Whether confirmed in the present post:									
			te of appointment to su	ch post :							
13.	(a)	i. Po	t Occupation:								
12	()	D									
	(ii)	Researc	ch & Publications:								
12. (1) Professional/ Special Qualifications a											

14. Any further relevant particulars: (not included above)

15.	Two non related Referees:							
	Name		Designation	Address				
(i)								
(ii)								
	•••••							
Note:-	One of	f the referees should be	e the Head of the Institution in	which the candidate works.				
16.	Paste 1	the cash receipt proper	ly here					
		,	(Paste the receipt here securel to keep a photocopy of the re-	ceipt with the candidate)				
17.	accura liable	hereby certify that the particulars submitted by me in this application are true and ecurate. I am aware that if any of particulars are found to be false of inaccurate, I am able to disqualified before selection and to be dismissed without any compensation, it is inaccuracy is detected after appointment.						
	Date:.			Signature of Applicant				
For Pu	ublic So	ervice/ Corporation/	Statutory Board Candidates	Only				
Submi	tted by		ected for the said post he/ she					
			Signature	of the Head of the Departmen				
Name		:		(Official Seal)				
Design	nation	:						
Date		:						
(N.B.:	when d	applying for several po	osts, each post should be appl	ied for separately)				



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