

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



POST APPLIED FOR:	
--------------------------	--

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. Whether Citizen of Sri :
Lanka (State whether by
decent or by registration) if
by registration, give
reference number & date of
certificate of citizenship**

08. Qualifications – (All qualifications to be considered should be indicated in the application)

(a) University Education:

Degree/ Diploma	Class	University	Year of Commencement	Effective Date	Duration

(b) Professional Qualifications:

Institution	Qualifications Obtained	Date of Commencement	Effective Date	Duration

(c) Postgraduate Qualifications:

Postgraduate Degree/ Diploma	University	By Course or By Research	Date of Commencement	Effective Date	Duration (Prescribed Period of Registration)

**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: Highest Examination passed in:

Sinhala :

English :

Tamil :

12. (a) Present Occupation & last salary drawn (please indicate whether your occupation comes under the purview of higher education institution ,Gvt Department or Gvt. Corporation, give detail and period) :

(b) Previous appointment if any, with dates

No	Department/ Institution	Post	Salary Scales	From	To

13. (a) Period of experience gained as at the closing date of Applications relevant to the post applied:

**14. Extra-Curricular :
Activities**

15. (Names of two non-related reference with addresses and Contact Nos.

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

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:

To be completed by the present employer (if any)

Applicant can/ cannot be released, if selected for appointment any special

Comments:.....
.....
.....

.....
Signature of the Head of Dept.