<u>APPLICATION FORM FOR THE POST OF UNIVERSITY COLLEGES</u>

POST	Γ:						
NAM	IE OF THE UNIVERSITY COLLE	GE:					
01	Name in Full :						
02	Name with Initials :						
03	Permanent Address :						
04	Tel :		Mobile :				
	Fax :		E-mail :				
05	National Identify Card No :						
06	Date of Birth :		Year :	Mor	nth:	Day:	
07	Age as at closing date of Ap	plication	s: Years:	Mor	nths:	Days:	
80	Civil Status :						
09	Citizenship :						
10	Details of Secondary Educat	ion					
	(i) G.C.E (O/L)						
	Name of School/ College	Year	Subjects	Results	Subjects		Results
	(ii) G.C.E. (A/L)						
				1			
	Name of School/ College	Year	Subjects	Results	Subjects		Results
		Year	Subjects	Results	Subjects		Results

	University / Institution	Degree	e CI	ass	Specia Gene Degre	ral	Main Subject/ Subjects	Froi	m-To	ffective date of Degree
12	Professional Qualifi	cations / C	harted Corp	orate	e Membe	rship	os etc.			
	University/ Inst		Examinat				Specializati	on		Year of Passing
13	Certificates (if any)									
	Course/Certif	icate	Fi	ield			Name of the Inst University		n/	Year
14	Any other of Scholarships, Medithe Institution from been obtained)			ate						
15	Research & Publica insufficient, please									
16	Current Employmer	nt Records							Time	Period
	Post	Desi	gnation		Institutio	on	Brief Descript of Duties	ion	From (dd/mm /yyyy)	To (dd/m m/yyy y)
										,,,

17	Previous wor	rking Expe	erience (Sta	arting	g with pres	ent positi	on and co	ntinue ir	reverse orde	er)	
									Time	Perio	od
	Post	D	esignation		Institut	tion	Brio Descript Duti	tion of	From (dd/mm/ yyyy)	(d	To d/mm/ yyyy)
18	Proficiency in	n Languag				e relevant	cage)				
			١	N ritte	en	•		•	Spoken		
	Language	Very Good	Good	Sati	isfactory	Week	Very Good	Good	Satisfacto	ry	Week
	Sinhala										
	Tamil										
	English										
	Other										
19	Computing 8	k Informa	tion Techn	ology	'						
	Qu	alification	า		Ins	titution		year	Skills g	aine	ed
20	Leadership/ experience:	Managen	nent								
21	Extra-Curricu	ılar activit	ties:								
22	Special Skills	:									
23	Creativity (in	cluding p	atents):								
24	Are you unde	er any obl	igatory Na	tiona	l Service (I	If yes, spe	cify): 				
25	If selected, w	hat is the	e earliest d	ate th	nat you ca	n assume	duties:				
	1						••••••	•••••	•••••	• • • • • • • • • • • • • • • • • • • •	

26	Names of two persons (with addresses and contact	numbers) to whom reference can be made:
	Name	Address
	1	
	Tel. No:	Fax:
	E-mail:	
	2	
	2	
	Tel. No:	Fax:
	E-mail:	
27	I hereby declare that the particulars furnished by i	me in the application are true and accurate. I am
	also aware that if any particulars herein are found to	
	if the inaccuracy is discovered before the selection	on and dismissal without any compensation if the
	inaccuracy is discovered after the appointment.	
	Signature of the Applicant	Date
		Date
28	For Public / Corporate Sector Candidates	Date
28	For Public / Corporate Sector Candidates	
28		
28	For Public / Corporate Sector Candidates Application for the post of	
28	For Public / Corporate Sector Candidates Application for the post of	submitted by
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28	For Public / Corporate Sector Candidates Application for the post of	submitted byelected for the said post he/ she can/ cannot be
28	For Public / Corporate Sector Candidates Application for the post of	elected for the said post he/ she can/ cannot be Signature of the Head of Institution
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28 (i)	For Public / Corporate Sector Candidates Application for the post of	elected for the said post he/ she can/ cannot be
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