

SOUTH EASTERN UNIVERSITY OF SRI LANKA

FORM OF APPLICATION

Appli	ication to the P	Post of:								
1.	Name in Full :									
			•••••							
	Name with in (Rev./ Mr./ M		<u>.</u>		•••••					
2. i.	Sex:	Male		Female						
ii.	Civil Status:	Single		Married						
3.	Postal Address:			Permane	Permanent Address:					
	Telephone No e-mail .	0.:		. Telepho . e-mail:	ne No.:					
4.	Date of Birth	Date of Birth			Age at Closing Date					
	Year	Month	Date		Years	Months	Days			
5.	Citizenship:	By Regi	By Registration							
6.	National Iden	ntity Card N	lo:							
7.	Education Schools Attended:						_			
	Nan	ne of Schoo	ol Attended	Fron	n	To				

Name of th	e Univers	sity	Duration		Course followed		Results		
		I	From	To	with Subjects		(give class or grade		
					(Special/	General)	with ef	ffective date	
9. Oth	er Diplom	a. Membe	rship, Fe	llowships etc.	(attach co	nv of certi	ficate)		
	· r		F ,						
]	<u>Institute</u>			Diplo	oma etc.			Year	
10 D)11:6"4"		.1	:C: 4 -)				
10. Prof	essionai (Quannean	ons: (atta	ch copy of ce	rtificate)				
	Institu	ute		From	To Exa		mination passed or		
								ained etc	
11. Lan	guaga D ro	oficiency (I	Dlanca tic	· /)·					
11. Lan	guage F10	officiency (I	riease tic	<i>,</i> ▼).					
Language Ability to Wor		·k		Ability to Teach		h			
0 0	Very	Good	Fair	No	Very	Good	Fair	No	
	good			Knowledge	good			Knowledge	
Sinhala									
Tamil									
English									
0					1				

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

8.

(ii) R	esearch	& Publications:				
 i. Post: ii. Date of appointment to such post: iii. Whether confirmed in the present post: iv. Place of work with the Address: v. Salary Scale of the post: vi. Present Salary a. Basic Salary: b. Allowances: (b) Previous Employment Records: 						
Post he	ld	Institute	Period of From	f Service To	Last Monthly Salary received	Reason for Cessation of Employment
14	C1.				received	Zmprojment
		relevant particulars: d above)				

(i) Professional/ Special Qualifications and Experience:

12.

15.	Two non related Referees:							
	<u>Name</u>	Designation	Address					
(i)								
(ii)								
Note:	- One of the referees should b	be the Head of the Institution in	n which the candidate works.					
16.	Paste the cash receipt properly here							
17.	(Paste the receipt here securely) (It would be advisable to keep a photocopy of the receipt with the candidate) 17. I hereby certify that the particulars submitted by me in this application are true accurate. I am aware that if any of particulars are found to be false of inaccurate, liable to disqualified before selection and to be dismissed without any compensation the inaccuracy is detected after appointment.							
	Date:		Signature of Applicant					
For P	ublic Service/ Corporation/	Statutory Board Candidates	Only					
	•	elected for the said post he/ she						
			e of the Head of the Department					
			(Official Seal)					
Name	:							
Design	nation :							
Date	:							
(N.B.:	when applying for several p	osts, each post should be appl	ied for separately)					