

**UNIVERSITY GRANTS COMMISSION****FORM OF APPLICATION FOR EXTERNAL CANDIDATES****POST:**

(Indicate the name of the post as given in the advertisement)

**01. (a) Name with initials :****(b) Names denoted by Initials :****02. Whether Mr./Mrs./Miss :****03. (a) Postal Address :**(Any change should be  
communicated immediately)**(b) Contact Telephone No. :****(c) E-mail Address :****04. National Identity Card No. :**

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**05. Gender :****06. (a) Date of Birth :****(b) Age as at the closing date  
of applications :****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. Race :**

(State whether Sinhala, Tamil, person of Indian Origin or Muslim)

**09. Qualifications -****(a) University Education:**

Degrees/Diplomas	Class	University	Date of Commencement	Effective Date	Duration
1.					
2.					
3.					
4.					

**(b) Postgraduate Qualifications:**

Postgraduate Degree/Diploma	University	By Course or By Research	Date of Commencement	Effective Date	Duration (Prescribed period of Study)
1.					
2.					
3.					

**(c) Professional Qualifications:**

Institution	Qualification Obtained	Date of Commencement	Effective Date	Duration
1.				
2.				
3.				

**10. Highest examination passed in :  
Sinhala/Tamil**

**11. (a) Present Occupation :**

**1. Post :** .....

**2. Date of appointment to such post :** .....

**3. Whether confirmed in the present post:** .....

**4. Place of work with the Address :** .....

.....

**5. Salary Scale of the post :** .....

**6. Present Salary a. Basic Salary :** .....

**b. Allowances :** .....

**(b) Previous appointments if any, with dates**

Department/Institution	Post	Salary Scale	From	To
1.				
2.				
3.				

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12.

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

(b) If you have obtained no-pay leave during this period, state reasons and the period of such leave :

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13. (Names of two non-related referees with addresses and contact numbers)

Name

Address

1. ....

.....

.....

.....

.....

Contact No: .....

Email Address: .....

2. ....

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.....

.....

.....

Contact No: .....

Email Address: .....

**14. Paste the counterfoil of the bank deposit slip properly here.**

- I. Examination Fee paid Rs. -.....
- II. Paying Bank (Branch) -.....
- III. Paying Date -.....

(Paste the counterfoil of the bank deposit slip here securely)

(It would be advisable to keep a photocopy of the counterfoil of the bank deposit slip with the candidate)

**Category 01** - Assistant Secretary/Assistant Registrar (**External**)..... **1000/=**

**Category 03** - Asst. Accountant/Asst. Bursar/Asst. Internal Auditor(**External**).....**1000/=**

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 even though I have successful at the written examination and to be dismissed without any compensation if the inaccuracy is detected after appointment.

Date: .....

.....  
Signature of the Applicant

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Application is recommended and forwarded.

.....  
Signature of the Head of the  
Governing Body

If you are currently employed it is compulsory to forward the application through the Head of the Governing Body.

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**ATTESTATION**

I hereby certify that Mr./ Mrs./ Ms. ....  
who submits this application is known to me personally, that he/she has paid the prescribed examination fee and affixed the relevant receipt herein. He/ She placed his/ her signature in my presence on .....

.....  
Date

.....  
Signature of the Officer attesting the Signature

Name in full of the Officer Attesting the Signature: .....

.....

Designation: .....

Address: .....

(Official Stamp)