

UNIVERSITY GRANTS COMMISSION**Data Sheet for Department of Examination**

(for UGC purposes)

(for DOE purposes)

POST APPLIED (Please enter the Category No.)**Category 01 - Assistant Secretary/Assistant Registrar (External)****Category 02 - Assistant Secretary/Assistant Registrar (Internal)****Category 03 - Asst. Accountant/Asst. Bursar/Asst.Internal Auditor(External)****Category 04 - Asst. Accountant/Asst.Bursar/Asst.Internal Auditor(Internal)****MEDIUM IN WHICH YOU WISH TO SIT THE EXAM - Please enter the relevant No.****Sinhala = 2, Tamil = 3, English = 4****01. (a) Name with Initials :****(b) Names denoted by Initials :****02. (a) Postal Address :**(Any change should be
communicated immediately)**(b) Contact Telephone No/s :****(c) E-mail :****03. National Identity Card No. :**

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04. Gender :**(Male =0, Female = 1)**

(Please enter the relevant No)

05. (a) Date of Birth :**(b) Age as at the closing date
of applications :****06. Whether Citizen of Sri Lanka : (State whether by decent or by registration.**

If by registration, give reference number & date of certificate of citizenship)

Date :.....**Signature of the Candidate**