UNIVERSITY OF RUHUNA APPLICATION FOR ACADEMIC/SUPPORT STAFF POSTS

	Post a	pplied:							
	Depar	tment:							
	Facult	y :							
	Full na	ame of th	e applic	ant:					_
		with init fy card n							_
2. i.	Gende	er:					ii.	Civil Status:	
	Revere	nd				ν	I arried		
	Male						Inmarried		
	Female						arriou		
3. Present Postal Address:							Perma	anent Address:	
E mail	1.								
		nportant:	Pl. menti	on your curr	ent operat	ive numb	er/s.):		
4. Dat	e of Bir	th				Age a	as at closi	sing Date	
	Year	Month	Date			Year	Month	Date	
5. Cit	tizenshij	p							
Ву	descent				By Reg	istration			

6.	$\mathbf{E}\mathbf{d}$	111	വ	ti	Λn	
	1,4					

(i) Schools attended

Name of the School	From	То

(ii) University Education

Name of the University	From	То	Degree Course followed with Subjects	lace or tirada	Effective date of the degree
Postgraduate Degrees/Diploma					

(please attach certified true copies of degree certificates with official frank of an attester)

8. (i) Special Qualifications (if any) and Relevant Experiences:

(ii) Research & Publications:

9. Employment Records:

(i) Previous employment/s:

Post held	Institute	From	То	Number of month	Last drawn salary per month

(ii) Present employment:

Occupation	Institute	From	То	Number of month	Last drawn salary per month

10. Other diplomas, Memberships, Fellowships etc.

Institute	Diploma etc.	Year

11. Professional Qualifications:

Institute	From	То	Examinations passed or Degrees etc. obtained

12. Language Proficiency:

Proficiency in Sinhala/Tamil/English								
Language	Ability to Work		No	Ab	ility to Tea	ch	No	
	Very good	Good	Fair knowled	knowledge	Very good	Good	Fair	knowledge
Sinhala								
Tamil								
English								

	English										
13. R	eferees:										
Nan	ne		Design	ation		Address					
1.											
2.											
S		the appl	licant had		Professor or a r University e			-			
a t	4. I hereby certify that the particulars submitted by me in this application are true and accurate. I am aware that if any of 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.										
	Date					Signati	ure of Appl	icant			
For P	ublic Service	e/Corpor	ations/S	tatutory	y Boards Can	didates o	nly				
Appli	cation for the	Post of				•••••					
submi	tted by	•••••									
is forv	warded herew	ith. If Ho	e/She is s	elected	for the said po	ost He/She	e can/canno	t be relea	ised.		
					Signature of t	he Head o	f the Institu	ıtion			
Name											
Desig	nation										
Date											

(N.B.; When applying for more than one post, each post should be applied separately)