## UNIVERSITY OF COLOMBO SCHOOL OF COMPUTING

Application No	
Date issued	

	Posts applied	for	
Lecturer (Probationary)	Senior	Lecturer Gr. II	
(Please indicate the subje	Areas of Specect arrears of specialization bas		alification and work experience)
1.		4.	
2.		5.	
3.		6.	
1. Full Name of the applic	cant (in block capitals)		Surname with initials (in block capitals)
NIC No./ Passport No./ D	riving License No.:		
2. Gender		3. Civil Status	S
Male		Married	
Female		Unmarried	
4. Address			
Postal Address:			
Permanent Address (if dif	ferent from postal address):		
5. Contact Nos.			
Mobile:	Home:		Office:
6. Email Address			
Personal:	Official:		

	7.	Date	of	Birth
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\*\*Note: Certified copies of the certificates should be attached

Age as at closing date of the application

Year	Month	Date			Years	Months	s C	)ays
(b) If a Citiz (Tick √ F (i) By de	ts citizenship zen of Sri Lanka Relevant Cage) scent gistration							
9. Educational	•							
(a) Secondar				T = T				
Name of the So	chool		From	n To	Examination pas	sed		Year
(b) Higher F	ducation (*Crad		) o o torro di i	oto Ovalificati	iama\			
Name of the U	ducation (*Grad	rom	To	Degree Obtained	Duration of the Course (No. of years)	Class	Awardin Year	g Index No
							1	
*Note: Certifie	d copies of the	ertificate	es and tran	scripts should	be attached	L		L
10 **Amy Otho	r Ovalifications							
Institution	r Qualifications			Diploma etc		Duration		Year
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	Institution	From	То	Duration	Type of Qualification
1					
2					
3					
4					
5					

12. Proficiency in Sinhala/ Tamil/ English

12. FIUIICIEII	cy iii Siiiiiai	a/ Talliii/ ⊑i	glisti					
Language	***Ability t	o Work			***Ability	to Teach		
	Very Good	Good	Fair	No Knowledge	Very Good	Good	Fair	No Knowledge
Sinhala								
Tamil								
English								
***Note: indi	cate your le	vel based o	n self-evalu	ation of your ab	ility			

13. Employment Records (from present to past)

	Post	Institution/ Company	Duration	From	То	Last drawn
				(dd/mm/yy)	(dd/mm/yy)	Monthly
						Monthly Salary (Rs.)
1						
2						
3						
4						
5						
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15. Details of research and publications, if any (if space is insufficient, please use separate sheet of same size)

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	Name	Designation	Address	Email Address	Contact
1					Nos.
2					
3					
	Lecturer of the Depart the Institutions in whic	e Academic Posts, one of tment of Study in which the th the candidate works you would like to indicate			
her	eby declare that the partic	culars furnished by me in th	e application are tru	e and accurate Lam.	also aware t
		culars furnished by me in th rein are found to be false or			
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Official Stamp