



University College of Anuradhapura

University of Vocational Technology
Ministry of Skills Development and Vocational Training



Application Form - Academic

POST APPLIED FOR :					
1. Name in full [Underline Surname] <i>[If registered as a student in a University under any other name. please indicate such name within brackets]</i>		Dr./Mr./Ms.			
2. Postal Address <i>[Any change should be communicated immediately]</i>					
3. Contact Details: i. Telephone (residence) ii. Mobile iii. E-mail					
4. Date of Birth and Age <i>[Please attach copy of Birth Certificate]</i>					
5. Civil Status					
6. Whether a Citizen of Sri Lanka <i>[State whether by descent or by registration: if by registration, give reference number and date of certificate of citizenship]</i>					
7. Educational Qualifications					
7.1	School Education				
7.1	School/s Attended		From	To	
i.					
ii.					
iii.					
7.2	University Education –Undergraduate and postgraduate				
	Name of the University	Degree/Diploma	Course Followed	Result Class	From To
i.					
ii.					
iii.					
iv.					
v.					
vi.					
8. Professional Qualifications					
i.					
ii.					
iii.					
iv.					

9. Academic distinctions, scholarships, Medals, Prizes etc <i>[Indicate the institution from which such awards have been obtained - Please attach copies of all relevant certificates]</i>					
	Award			Institution	
1.					
2.					
3.					
4.					
10. Proficiency of Languages <i>[Indicate the institution from which such awards have been obtained - Please attach copies of all relevant certificates]</i>					
	Language			Highest Examination passed	
1.	Sinhala				
2.	Tamil				
3.	English				
4.	Other (Specify)				
11. (a) Present Occupation and Salary Drawn					
Institution		Occupation		Salary drawn	
12. (b) Previous employments with dates					
	Institution	Post	From	To	Reasons for leaving
1.					
2.					
3.					
4.					
5.					
6.					
13. Administrative/Financial/any other relevant Experience, if any					
14. Particulars of Bond Obligations to Higher Educational Institutions/Institutes if any:					
	Institution	Obligatory Service period		Bond amount due	
1.					
2.					
3.					
4.					

15. Commendations/Punishments during your career yes

☐

No

☐

If yes, please provide details

16. Extra-Curricular Activities

17. Any other relevant particulars *(Not included above)*

18. Have you ever been convicted by a court of law? yes

☐

No

☐

If yes please provide details

19. Names of two Referees [With address]

	Name	Address
1.		
2.		

20. I hereby certify that the particulars submitted by me in this application are true and accurate. I am aware that any of these 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

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Signature of Applicant

[TO BE COMPLETED BY THE HEAD OF THE INSTITUTE WHERE APPLICABLE]

**Director,
University College Anuradhapura.**

Application forwarded. Please note that if selected, action will be taken to release him/ her from service.

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Date

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**Signature of Head of Institution
(Rubber Stamp)**