



University College of Anuradhapura



University of Vocational Technology Ministry of Skills Development and Vocational Training

Application Form – Non Academic

POST	POST APPLIED:											
NAM	NAME OF THE UNIVERSITY COLLEGE:											
01	Name in Full: Mr./Ms.											
02	Name With Initials:											
03	Permanen	t Address:										
04	Tel: Mobile:											
	Fax:			E-mail:								
05	National Identify Card No:											
06	Date of Bir	rth:		Da	te:	Month:	Year:					
07	Age as at o	closing date of Ap	plication:	Yea	ars:	Months:	Days:					
80	Civil Status	s:										
09	Citizenship):										
10	Details of S	Secondary Educat	ion									
	(i)	G.C.E (O/L)	Year: Index No:									
	Name of	School/College	Subjects		Results	Subjects		Results				

(II) G.C.E. (A/L)		Year:	: Index No:						
Name of School	Subjects			Results	Su	bjects	Results		
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Institution					-	From -10	Effective date of		
			Degree					Degree	
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Institution							3		
Certificates (if any)								
Course/Certifica	Field	ield Name o			itution /U	Iniversity	Year		
Any other Academic Distinctions									
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Research & Publica									
Scharate sileer)			••••••	•••••	•••••		•••••	•••••	
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Proficiency in Languages (Please Mark ' → ' in the relevant cage) Written Spoken					Brif Description of			on ar				order)	
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Tel.No: Fax:	1	1				•••••							
E-mail:													
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	2												
	Tel No:	Tel.No:					Fax:						

21	I hereby declare that the particulars furnished by me in the application are true and accurate. I am also aware that if any particulars herein are found to be false or incorrect, I am liable to disqualification if the inaccuracy is discovered before the selection and dismissal without any compensation if the inaccuracy is discovered after the appointment.									
	Signature of the Applicant Date									
22	For Public/ Corporate Sector Candidates									
	Application for the post ofsubmitted byis forwarded herewith. If he / she is selected for the said post									
	he/she can/ cannot be released.									
	Date:									
	Signature of the Head of Institution (please place official seal)									
	(please place official seal)									
	Note									
(i)	If the sheets above are not sufficient, please use extra sheet, when & where necessary.									
(ii)	Indicate the list of documents attached along with the application form.									
	(a)									
	(b)									
	(c)									
(iii)	Please mark with "" in the relevant cage, if you do not have something to mention.									