

FORM OF APPLICATION (B)

	POST APPLIED FOR:		
1.	Name in Full: Rev./Mr./Mrs./Miss [Underline Surname] [If registered as a student in a University under any other name, please indicate such name within brackets]		
2.	Postal Address [Any change should be communicated immediately]		
3.		E-mail -	
	Contact Telephone No.	Fax No	
4.	Date of Birth & Age [Please attach copy of Birth Certificate]		
5.	Nationality		
6.	Civil Status		
7.	Whether Citizen of Sri Lanka [State whether by descent or by registration; if by registration, give reference number and date of certificate of citizenship]		

8.	School/s	Attended			<u>From</u>	<u>To</u>
	1.					
	2.					
	3.					
9.			ns [Please at	tach copies	of all relevant certifica	tes]
9.1		D/L) Examination				
	<u>Year</u>	Index No.	<u>Subjects</u>			<u>Grades</u>
9.2		/L) Examination	0.11			- C 1
	<u>Year</u>	Index No.	<u>Subjects</u>			Grades
9.3	T]::4	Education				
9.3	Degree/Dip	Education bloma, etc. &	From	<u>To</u>	Course Followed	Date of Final Exam
		ne University				& Results [Give
						Class /Grade]
10.	Special Q	Qualifications				
	[Profession	al, etc. – Please attac	ch copies of a	ll relevant o	certificates]	

11.	[Indi	demic Distinctions, Scholarships, Medals, Prizes, etc., cate the Institution from which such awards have been obtained – Please attach copies of ant certificates]		
12.	12. Proficiency on Languages : Highest Examination passed in,			
		Sinhala -		
		Tamil -		
		English -		
13.		Present Occupation: 1. Post: 2. Date of appointment to such post: 3. Whether confirmed in the present post: 4. Place of work: 5. Salary scale of the post: 6. Present salary: (a) Salary Step- (b) Allowances- Previous Employments, if any, with dates and periods artment/Institution Post From To Reasons for Leaving		
	(c) Particulars of Bond Obligations to Higher Educational Institutions/Institute if any:			
		(i) Obligatory Period:		
		(ii) Amount Due :		

14 .	. Extra Curricular Activities	
15 .		
	[Not included above]	
16.	. Names of two non related referees	
10.	[With positions and addresses]	
	<u>Name</u>	Address
	1.	
	2	
	2.	
17.	. Where a period of experience is a require	ment for the post applied, state period
	7. Where a period of experience is a requirement for the post applied, state period of such experience with details:	
	-	

18.	I hereby certify that the particulars submitted by me in this application are true and accurate. I am aware that if 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	Signature of Applicant		
19.	[TO BE COMPLETED BY THE HEAD OF	THE DEPARTMENT WHERE APPLICABLE]		
	(a) Is the applicant on probation?	Yes / No		
	(b) Was any disciplinary action taken against the applicant?	t Yes / No		
	(c) I recommend/ not recommend the application.			
	Date	Signature of Head of Department		
	Note: If space not sufficient to enter the details attach to the end.	s under each column use a separate sheet and		