WAYAMBA UNIVERSITY OF SRI LANKA

KULIYAPITIYA

FORM OF APPLICATION

POST		
DEPARTMENT		••••••
1. Name in Full: Underline Surname		·
2. Whether Rev./Mr./Mrs./Miss		
 Postal Address: (any change should be communicated immediately) 		
4. Telephone Number E-mail Address: (if available)	Office: Residence:	Mobile:
	E-Mail:	Mobile:
5. Date of Birth & Age:		6. Civil Status:
7. Whether Citizen of Sri Lanka: (State whether by descent or by registration: if by registration, give reference number & date of certificate of citizenship)		
8. Education - Schools attended		
(i).	<u>From</u>	<u>To</u>
(ii).	,	
(iii).		
(iv).		r

9. University Education: (Degrees Diplomes etc.) From To Course R	
9. University Education:	
9. University Education:	
University followed (with given give	esults ve Class Grade)
10. Postgraduate qualifications (State whether by course work or research, duration, effective date and the Name of University)	2
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11. Special Qualifications (Professional etc.— Please attach copies of all relevant certificates)	
12. Academic distinctions, Scholarships, Medals, Prizes, etc. (Indicate the institution from which such awards have been obtained)	
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13. Research & Publications, if any:									
(If space is insufficient, please separate sheet of same size.)	use	197							
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14. Proficiency on Languages: Highest Examination passed in;Sinhala -		25			2		•		
Tamil -									
English -									
15. (a) Present occupation: 1. Post:	+				en.		-		
2. Date of appointment to such post	:	3.							
3. Whether confirmed in the present post:									
4. Place of work:				E					
5. Salary scale of the post:									
6. Present Salary: (a) Salary Step-		u .	*					E 10	
•						3			

b) Previous appointments, if any, with dates and periods: <u>Department / Institution</u>	<u>Post</u>	<u>From</u>	<u>To</u>
(c) Administrative Experience, if any			L
 (d) Particulars of Bond Obligations to Higher Educational Institution/ Institute, if any: (i) Obligatory Period : (ii) Amount Due : 			
16. Where a period of experience is a requirement for the post applied, state period of such experience wit h details: <u>Department/Institution</u>	<u>Post</u>	From	<u>To</u>
17. Extra - Curricular activities :			

18. Any further relevant particulars:		
	*	
(not included above):	* * * *	*
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19. In the event of being selected please		
indicate the latest date on which you		
would be able to assume duties.	,	
20. Names of two persons	Name	Address
(with addresses) to whom reference	Traine	Address
can be made :	1	
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	Fax No:	
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	Tel. No:	
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	Fax No:	
21 Therefore and Called A. A. Called		
21. I hereby certify that the particulars subm	itted 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 li	able to be disqualified before
selection and to be dismissed without any	compensation if the inaccuracy is d	etected after appointment.
Date:		i. **
		••••••••••
	Signatur	re of Applicant
December de de la Calla III. I Calla III.		
Recommendation of the Head of the Institu	tion	*
(If employed at Higher Educational Institutions, Government	Departments and Government Corporation	s)
I recommended and forwarded beautiful	1'4'C	
I recommended and forwarded herewith the	application of	for the above
post and agree/ do not agree to release him/he	r in case selected to the post app	lied for.
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Date:	************************	000000000000000000000000000000000000000
	Head of	the Institution