# **UNIVERSITY GRANTS COMMISSION**

# **FORM OF APPLICATION**

POS'	Γ:		•••••	••••	••••							
(Iı	ndicate the name of the post as given i	n the	adverti	sem	ent)							
01. (a	n) Name with initials :											<u>-</u>
(I	o) Names denoted by Initials :											
02.	Whether Rev./Mr./Mrs./Miss	:[									 	
03.	(a) Postal Address	:										
	(Any change should be communicated immediately)											
	(b) Contact Telephone No.	:								<u> </u>		
	(c) E-mail Address :											
04.	National Identity Card No.	:										
05.	(a) Date of Birth	:	Yea	ar	Mo	onth	Da	ate	 ]		 	-
	(b) Age as at the closing date of applications	:	Yea	ars	Mo	onths	Da	ays				
06.	Civil Status	:									 	<u>-</u>
07.	Whether Citizen of Sri Lanka (State whether by decent or by registration) if by registration, give reference number & date of certificate of citizenship	:									 	

08.	Race	:						
	(State whether Sinhala, Tamil,	person of Ind	ian Ori	gin or M	uslim)			
09.	Education :							
	Schools Attended			From		То		
	Schools Attended		Year	Month	Date	Year	Month	Date
	1.							
	2.							
	3.							
	4.							
	5.							

#### Qualifications- (All qualifications to be considered should be indicated in the application) **10.**

### (a) University Education:

(Attach copies of certificates & transcripts)

Degrees/Diplomas	Class	University	Date of Commencement			Effective Date			Duration
		•	Year	Month	Date	Year	Month	Date	
1.									
2.									
3.									
4.									

#### (b) Professional Qualifications:

(Attach copies of certificates)

			Date o		Е	ffective	1	
Institution	Qualifications Obtained		nmence			Date		Duration
		Year	Month	Date	Year	Month	Date	
1.								
2.								
3.								
4.								
5.								
·								

#### (C) Postgraduate Qualifications.

(Attach copies of certificates)

Postgraduate	University	By Course or	Date of Commencement			]	Effective Date		Duration (Prescribed
Degree/Diploma	Oniversity	By Research	Year	Month	Date	Year	Month	Date	period of Registration
1.									
2.									
3.									
4.									
5.									

#### (d) Training/Workshops attended:

(Attach copies of certificates)

Institution	Name of the Training Programme/Workshop	From				То	Duration	
		Year	Month	Date	Year	Month	Date	
1.								
2.								
3.								
4.								
5.								

11. Any other academic distinctions scholarships, medals, prizes etc.: (indicate the Institution from which such awards have been obtained) (Attach copies of certificates)

12.	Research & Publications if any : (If space is insufficient, please use separate sheet of same size)									
13.	High Sinh	est examination passed in ala/Tamil	:							
14.	(a)	Present Occupation:								
		1. Post		:						
		2. Date of appointment to s	uch post	:						
		3. Whether confirmed in th	ne present post	:						
		4. Place of work with the A	ddress	:						
		5. Salary Scale of the post		:						
		6. Present Salary	a. Basic Salary	:						
		1	o. Allowances	:						
	(b)	Previous appointments if a (Attach copies of service ce (If space is insufficient, ple	rtificates)	te sheet of same size)						

	Department/			Perio	d of Se			Salary	Reason for
Post	Institution	From			To			Scale	Cessation of
		Year	Month	Date	Year	Month	Date		Employment

15. (a) Period of experience gained as at the closing date of Applications relevant to the post applied :

Years	Months	Days

<b>(b)</b>	If you have obtained no-pa	y leave during this period, state reasons and
	the period of such leave	•

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# 16. Extra Curricular activities : (If space is insufficient, please use separate sheet of same size)

(II space is insuiti	cient, please use separate sh	ieet of same size)	
	Event	Achievements	Level
Sports			
	Subject	Leve	<u> </u>
Other Certificates			
	Positions	Professional Body/Soc	iety//Organization
Positions held in Professional Body/Societies/ Organizations/etc.			
Achievements			

17. (Names of two non rela	ted referees with ac	ldresses and Contact No	s.)
Name	Designation	Address	Contact No: Email Address
1.			
2.			
I do hereby certify that par I am aware that if any of the disqualified before selection detected after appointment	nese particulars are n and to be dismiss	found to be false or inacc	curate, I am liable to be
Date:		Signa	ature of Applicant
For Internal Applicants On	ıly.		
Secretary, University Grants Commis	sion.		
Application is recommend 01 to 14 of this application selected for the said post he	are correct accordi	ng to the applicant's pers	_
Remarks if any:			

# Rector/Director/SAS/Personnel/UGC

	Institute:
Date:	•••••••
For public Se	ervice/ Corporation/ Statutory Board Candidates only
Secretary, University G	rants Commission.
01 to 14 of th	is recommended and forwarded. I certify that the particulars given in numbers is application are correct according to the applicant's personnel file and if he / she is he said post he / she can be / cannot be released.
Remarks if a	ny:
	Signature of the Head of the Governing Body & Official Stamp
Name	<b>:</b>
Designation	<b>:</b>
Date	<b>:</b>