APPLICATION FORM FOR THE POST OF

UNIVERSITY COLLEGE RATMALANA

POST APPLIED:	
NAME OF THE UNIVERSITY COLLAGE:	

01	Name in Full:	
02	Name with Initials:	
03	Permanent Address:	
04	Tel: Mobile:	
	Fax: Email:	
05	National Identity Card No:	
	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	
06	D ate of Birth: Year: Month: Date:	
07	Age as at closing date of Applications: Years: Months: Date:	
08	Civil Status:	
09	Citizenship:	
10	Details of Secondary Education	
	(i) G.C.E (O/L)	

Name of School/ College	Year	Subject	results	Subject	Results

(ii)   G.C.E. (A/L)

Name of School/ College	Year	Subject	results	Subject	Results

11   First Degree and Postgraduate Degree (s)

University/ Institution	Degrees	Class	Special or General Degree	Main Subject/Subjects	From – To	Effective date of the Degree

12	Professional Qualifications			
	Institution	Examination passed	Specialization	Year of Passing (the final examination)

13	Other Qualifications (if any)			
	Course/Certificate	Field	Name of the institution/University	Year

14	Any other Academic Distinctions Scholarships, Medals, Prizes, etc. (indicate the institution from which such awards have been obtained)	

15	Research & Publications, if any (if space is insufficient, please use separate sheet of same size)	

16	Current Employment Record					
	Post	Designation	Institution	Brief Description of Duties	Time Period	
					From	To

17	Previous working Experience (starting with present position and continue in reverse order)					
	Post	Designation	Institution	Brief Description of Duties	Time Period	
					From	To

18	Proficiency in Languages (Please Mark '√' in the relevant cage)								
	Written					Spoken			
	Language	Very good	Good	Satisfactory	Weak	Very good	Good	Satisfactory	Weak
	Sinhala								
	Tamil								
	English								
	Other								

19	Computing & Information Technology			
	Qualification	Institution	Skills gained	Year

20	Leadership/management experience	
21	Extra Curricular activities	
22	Special Skills	
23	Creativity (including patents)	
24	Are you under any obligatory National Service (If yes, specify):	
25	If selected, what is the earliest date that you can assume duties:	
26	Names of two persons (with addresses) to whom reference can be made	

	Name Address	
27	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 be disqualified I am liable to the dismissal without any compensation if the inaccuracy is discovered after the appointment. …………………………………………………… ……………………………………………. Signature of Applicant Date	
28	For Public Sector Candidates	

	Application for the Post of …………………………………………….submitted by…………………………………..
	…………….is forwarded herewith. If he /she is selected for the said Post he/she can/cannot be released.
	
	                                                                              …………………………………
	                                                                              Signature of the Head
	Date: of the Institution
	(Please place official seal of the Head of Institution)	

	Note	
(i)	If the Sheets above are not sufficient, please use extra sheets, wherever necessary.	
(ii)	Mention the list of documents attached along with the form.	
	(a)	
	(b)	
	(c)	
	(d)	
(iii)	Please mark with "---" in the relevant cage, if you do not have something to mention.	