UNIVERSITY OF RUHUNA

Accelerating Higher Education Expansion and Development (AHEAD) Programme

Application for Post of						
Personal Information						
Full name:						
Name with initials:						
Identity card number:						
Address 1 (Permanent)	Address 2 (Postal)					
E-mail address: T'phone No: Res: Mob:						
Gender:	Civil Status:					
Reverend	Married Unmarried					
Date of birth: Year Month Date	Age as at closing date: Year Month Date					
Citizenship:						
By descent B	y Registration					

Education									
(i) Schools attended									
Name of the S	School					From			То
(ii) University Education									
(ii) Oliversity Education				De	gree Cou	rsa			
Name of the University	From		То	fol	lowed wit bjects		Class or Gi	ade	Effective date of the degree
Postgraduate Degrees/Diploma									
(Please attach certified true copies of d	legree cert	tificat	es with o	fficia	al frank o	of attester	r)		
•	J						,		
Other Diplomas, Membersh	ips, Fell	lows	hips et	c*					
Institute	Dip	loma	etc.				Year		
Professional Qualifications*									
Institute	From		То		Exami		passed or	Deg	rees etc.

^{*}Please attach certified true copies of certificates

Special	Qualifications
Special	Qualifications

Research & Publications:

Achievements (Scholarships, Awards, Medals etc):

Employment Records

(i) Previous employment/s:

Post held	Institute	From	То	Number of month	Last drawn salary p.m.

(Please attach certified true copies of certificates with official frank of attester)

(ii) Present employment:

Occupation	Institute	From	То	Number of month	Salary drawn p.m.

(Please attach certified true copies of certificates with official frank of attester)

	4	~	•		• •	•	4 ·
-	extra-	'HIMM		OF /	N Of	T 7711	
				- A	***	v	1166

,	•	`
1	1	١
		•

(ii)

(iii)

(iv)

(v)

Language Proficiency	Lan	guage	Profi	cien	cv
----------------------	-----	-------	--------------	------	----

Language	Ability to Work					
	Very good	Good	Fair			
Sinhala						
Tamil						
English						

Tamıl			
English			
D.C. (N			
Referees: (Non-	related) 		_
Name	Designation	Address	Contact No
1.			
2.			
Signature Discla	imer	_	_
accurate. I am a to be disqualifi	y that the particulars submit ware that if any of particulars ed before selection and to be etected after appointment.	are found to be false or	inaccurate, I am liable
Date		Signature of	Applicant
For Public Service/	Corporations/Statutory Boar	rds Candidates only	
Application for the P	Post of		
submitted by			
is forwarded herewit	h. If He/She is selected for the	e said post He/She can/c	cannot be released.
	Signa	ture of the Head of the I	nstitution
Name			
Designation			
Date			