APPLICATION FORM FOR UNIVERSITY COLLEGE OF BATANGALA

POST	Γ:								
NAM	1E OF THE UNIVERSITY COLLEGE:								
01	Name in Full :								
02	Name with Initials :								
03	Permanent Address :								
04	Tel :		Mobile :						
	Fax :		E-mail :						
05	National Identify Card No :								
06	Date of Birth :		Year :	Mor	ith:	Day:			
07	Age as at closing date of Ap	plications	S: Years:	Mor	nths:	Days:			
08	Civil Status :								
09	Citizenship :								
10	Details of Secondary Education								
	(i) G.C.E (O/L)								
	Name of School/ College	Year	Subjects	Results	Subjects		Results		
	L	1	1		1		1		
	(ii) G.C.E. (A/L)								
	Name of School/ College	Year	Subjects	Results	Subjects		Results		
		F							

	University / Institution	Degree	e Cl	ass	Specia Gener Degre	ral	Main Subject/ Subjects	From		Effective date of Degree
2	Professional Qualifi	cations / C	harted Corp	orate	e Membe	rship	s etc.			
	University/ Inst	itution	Examinat	tion p	passed		Specializati	on		Year of Passing
3	Certificates (if any) Course/Certif	icate	F	ield			Name of the Inst University			Year
4	Any other A Scholarships, Meda the Institution from been obtained)									
5	Research & Publica insufficient, please									
6	Current Employmer		gnation		Institution		Brief Description of Duties		Time From (dd/mm /yyyy)	Period To (dd/m m/yyy y)

17	Previous wo	rking Expe	erience (Sta	arting	g with pres	ent positi	on and co	ntinue ir	reverse orde	er)	
									Time	Perio	bd
	Dest		Designation		Institution		Brief Description of Duties		From		То
	Post								(dd/mm/	nm/ (dd/m	
							Duti	es	уууу)		уууу)
		•									
18	Proficiency i	n Languag	es (Please	Mark	<'✓' in the	e relevant	cage)				
		en			Spoken						
	Language	Very Good	Good	Sati	isfactory	Week	Very Good	Good	Satisfacto	ry	Week
	Sinhala										
	Tamil										
	English										
	Other										
19	Computing 8	& Informat	tion Techn	ology	1						
	Qu	alificatior	ו		Ins	titution		year	Skills g	gaine	ed
20	Leadership/	Managem	nent								
	experience:										
21	Extra-Curricu	Ilar activit	ioc								
21	Extra-currict		.163.								
22	Special Skills	:									
23	Creativity (in	icluding pa	atents):								
24	Are you unde	er any obl	igatory Na	tiona	l Service (I	lf yes, spe	cify):				
		·	_ •		·		••••••				
25	If selected, w	vhat is the	e earliest d	ate tł	nat you cai	n assume	duties:				
							····-	<u> </u>		·····	

26	Names of two persons (with addresses and contact	numbers) to whom reference can be made:
	Name	Address
	1	
	Tel. No:	Fax:
	E-mail:	FdX
	E-IIIall.	
	2	
	2	
	Tel. No:	Fax:
	E-mail:	
27	I hereby declare that the particulars furnished by n	
	also aware that if any particulars herein are found to	
	if the inaccuracy is discovered before the selection	n and dismissal without any compensation if the
	inaccuracy is discovered after the appointment.	
	Signature of the Applicant	Date
		bate
28	For Public / Corporate Sector Candidates	
20		
1		
	Application for the post of	-
	is forwarded herewith. If he / she is se	-
		-
	is forwarded herewith. If he / she is se	-
	is forwarded herewith. If he / she is se	elected for the said post he/ she can/ cannot be
	is forwarded herewith. If he / she is se released.	-
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	is forwarded herewith. If he / she is se released. Date:	elected for the said post he/ she can/ cannot be
	is forwarded herewith. If he / she is se released. Date: Note	elected for the said post he/ she can/ cannot be
(i)	is forwarded herewith. If he / she is se released. Date:	elected for the said post he/ she can/ cannot be
(i) (ii)	is forwarded herewith. If he / she is se released. Date: Note	elected for the said post he/ she can/ cannot be Signature of the Head of Institution (Please place official seal of the Head of Institution)
	is forwarded herewith. If he / she is serveleased. Date: Note If the sheets above are not sufficient, please use extension	elected for the said post he/ she can/ cannot be Signature of the Head of Institution (Please place official seal of the Head of Institution)
	is forwarded herewith. If he / she is serveleased. Date: Note If the sheets above are not sufficient, please use extended along with the servel of documents attached along with the servel of the servel of documents.	elected for the said post he/ she can/ cannot be Signature of the Head of Institution (Please place official seal of the Head of Institution)
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	is forwarded herewith. If he / she is serveleased. Date: Note If the sheets above are not sufficient, please use extended along with the servel of documents attached along with the servel of the servel of documents attached along with the servel of the s	elected for the said post he/ she can/ cannot be Signature of the Head of Institution (Please place official seal of the Head of Institution) rra sheets, when & where necessary. he application form.