

UVA WELLASSA UNIVERSITY OF SRI LANKA FORM OF APPLICATION

POST	APPLIE	D FOR:
01.	(a) 	Name in Full: (Dr./Mr/Mrs/Miss (underline the Surname)
	(b)	Name with initials :
02.	(a)	Permanent Address :
	(b)	Contact Address (If differ : From permanent address
	(c)	Contact Telephone No. :Home Mobile
	(d)	E-mail :
03.		National Identity Card No. :
04.	(a)	Date of Birth :
	(b)	Age as at the closing date of : Applications
05.		Civil Status :
07.	Citize	nship
	By de	scent By Registration

08. Qualifications -

(a) University Education:

Degree/	Class	University	Year of	Effective	Duration
Diploma			Commencement	Date	
					Duration
Postgraduate	University	By Course or	Date of	Effective	
Degree/	5	By Research	Commencement	Date	
Diploma		-			

(please attach copies of degree certificates obtained.)

(b) Professional Qualifications:

Institution	Qualifications Obtained	Date of Commencement	Effective Date	Duration

- 09. Any other academic distinction : Scholarships, medals, prizes etc. (Indicate the Institution from which such awards have been obtained)
- 10. Research & Publications if any (If : space is insufficient, please use separate sheet of same size)

11. Proficiency in Languages:

Language	Ability to Work		No	Ability to Teach			No	
	**			knowledge				knowledge
	Very	Good	Fair		Very	Good	Fair	
	good				good			
Sinhala								
Jiiliaia								
Tamil								
English								

12. (a) Present Occupation

(*)					
Occupation	Institute	From	То	Number of month	Last salary drawn

(b) Previous appointment if any, with dates

Post held	Institute	From	То	Number of month	Last drawn salary

13. Bond/Agreements you have entered (if any)

14. Extra-Curricular : Activities

15. (Names of two non-related reference with addresses and Contact Nos.

1.NameAddressContact Numbers

2.

I do hereby certify that particulars submitted 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 liable to be disqualified before selection and to be dismissed without any compensation if the inaccuracy is detected after appointment.

Signature of Applicant

Date:

For Public Service/Corporations/Statutory Boards Candidates only

Application for the Post ofsubmitted by.....is forwarded herewith. If He/She is selected for the said post He/She can/cannot be released.

Signature of the Head of the Institution

.....

Name

Designation

Date

Official Seal