SOUTH EASTERN UNIVERSITY OF SRI LANKA



FORM OF APPLICATION

Post:

(Indic	ate the name of	of the post as	given in th	e adve	ertise	ment))				
1.	Name in Full :										
				•••••		•••••					•••••
	Name with i (Rev./ Mr./ M	nitials : Ms/ Dr/ Prof))			•••••		••••			
2. i.	Sex : Male Female										
ii.	Civil Status	:	Single]			Mar	ried		
iii.	Race	:									
3.	Postal Address: P			Permar	Permanent Address:						
				•••							
				•••							•••••
				•••				••••			
	Contact Tele	phone No. :.			•••••	•••••		••••			•••••
	E-mail Addr	ess				•••••					
4. Na	tional Identity	Card No:									
5. Da	te of Birth					Ag	e as at t	the c	losing dat	e of applic	ation
	Year	Month	Date				Yea	rs	Month	s Day	ys
6.	Citizenship:	By Descer	nt		Ву	/ Reg	istratio	n [
7.	Education Se	chools Atten	ded:								
	Name of School Attended					From T		То)		

8. University Education: First Degree/ PG Degree (Attach copies of certificates)

Name of the University	Dura	ation	Course followed	Results	
	From	То	with Subjects (Special/ General)	(give class or grade with effective date	

9. Other Diploma, Membership, Fellowships etc. (Attach copies of certificates)

Institute	Diploma etc.	Year

10. Professional Qualifications (Attach copies of certificates)

Institute	From	То	Qualifications Obtained

11. Language Proficiency (Please tic \checkmark):

Language	Ability to Work			A	bility to C	ommunica	ite	
	Very good	Good	Fair	No Knowledge	Very good	Good	Fair	No Knowledge
Sinhala								
Tamil								
English								

12. (i) Training or Workshops attended (Attach copies of certificates)

(ii) Research & Publications if any:

13. (a) Present Occupation:

- i. Post:
- ii. Date of appointment to such post :
- iii. Whether confirmed in the present post :
- iv. Place of work with the Address :
- v. Salary Scale of the post :
- vi. Present Salary a. Basic Salary:
 - b. Allowances :

(b) Previous Employment Records:

Post held	Department /Institute	Period of ServiceFromTo	Last Monthly Salary received	Reason for Cessation of Employment

- (c) Period of experience gained as at the closing date of applications relevant to the post applied :
- (d) If you have obtained no- pay leave during this period, state reasons and the period of such leave:

14. Extra curricular activities (If space is insufficient, please use separate sheet of same size)

15. Any other relevant particulars:

16. Name of two non related Referees:

Designation	Address	Contact No & E mail Address
	Designation Image: Constraint of the second seco	Designation Address Image: Address in the second

17. Paste the cash receipt properly here

(Paste the receipt here securely) (It would be advisable to keep a photocopy of the receipt with the candidate)

I do hereby certify that the 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.

Date:....

Signature of Applicant

ATTESTATION

I hereby certify that Mr./ Mrs./ Ms. who submits this application is known to me personally, that he/ she has paid the prescribed fee and affixed the relevant receipt herein. He/ She placed his/ her signature in my presence on

Date	Signature of the Officer attesting the Signature

Name in full of the Officer Attesting the Signature:

Designation	:			
Address	:			
(Official Stamp)				

For Public Service/ Corporation/ Statutory Board Candidates Only

Application for the post of	
Submitted by	is
recommended and forwarded hereby. I certify that the particulars given in numbers	01 to 13 of this
applications are correct according to the applicant's personal file and if he/ she is se	elected for the said
post he/ she can be / cannot be released.	

Remarks if any:

Signature of t	he Head of the Department
(Official Seal)
Name	:
Designation	:
Date	: