UNIVERSITY GRANTS COMMISSION

FORM OF APPLICATION

POS'	Т:	· • • • • •	•••••	• • • • • • •	• • • • • •	••••							
(Iı	ndicate the name of the post as gi	iven i	n the	advert	isem	ent)							
01. (a	a) Name with initials	:											
(1)	b) Names denoted by Initials	: [
02.	Whether Rev./Mr./Mrs./Mis	s	:[
03.	(a) Postal Address		:										
	(Any change should be communicated immediated)	tely)											
	(b) Contact Telephone No.		:								1		
	(c) E-mail Address :												
04.	National Identity Card No.		:										<u></u>
05.	(a) Date of Birth		:	Ye	ar	Mo	onth	Da	ate]		 	-
	(b) Age as at the closing of applications	date	:	Yes	ars	Mo	onths	Da	ays]			
06.	Civil Status		:									 	j
07.	Whether Citizen of Sri Lank (State whether by decent or registration) if by registration give reference number & da of certificate of citizenship	by on,	:										<u>-</u>

08.	Race :						
	(State whether Sinhala, Tamil, person o	f Indian Ori	gin or M	uslim)			
09.	Education :						
	Cabaala Attandad		From			То	
	Schools Attended	Year	Month	Date	Year	Month	Date
	1.						
	2.						
	3.						
	4.						
	5.						

Qualifications- (All qualifications to be considered should be indicated in the application) **10.**

(a) University Education: (Attach copies of certificates & transcripts)

Degrees/Diplomas	Class	University	Cor	Date of mmence]	Effective Date	2	Duration
		•	Year	Month	Date	Year	Month	Date	
1.									
2.									
3.									
4.									

(b) Professional Qualifications:

(Attach copies of certificates)

			Date o		Е	ffective	;	
Institution	Qualifications Obtained		nmence			Date		Duration
		Year	Month	Date	Year	Month	Date	
1.								
2.								
2								
3.								
4.								
ļ.,								
5.								

(C) Postgraduate Qualifications.

(Attach copies of certificates)

Postgraduate	University	By Course or	Cor	Date of nmence]	Effective Date		Duration (Prescribed
Degree/Diploma	Oniversity	By Research	Year	Month	Date	Year	Month	Date	period of Registration
1.									
2.									
3.									
4.									
5.									

(d) Training/Workshops attended:

(Attach copies of certificates)

Institution	Name of the Training Programme/Workshop		From			То		Duration
	To a second	Year	Month	Date	Year	Month	Date	
1.								
2.								
3.								
4.								
5.								

11. Any other academic distinctions scholarships, medals, prizes etc.: (indicate the Institution from which such awards have been obtained) (Attach copies of certificates)

12.		arch & Publications if any : pace is insufficient, please use separate sheet	t of same size)
13.	High	est examination passed in : ala/Tamil	
14.	(a)	Present Occupation:	
		1. Post	:
		2. Date of appointment to such post	:
		3. Whether confirmed in the present post	:
		4. Place of work with the Address	:
		5. Salary Scale of the post	:
		6. Present Salary a. Basic Salary	:
		b. Allowances	:
		Dravious appointments if any with dates.	

(b) Previous appointments if any, with dates: (Attach copies of service certificates)

	Department/			Perio	d of Se	rvice		Salary	Reason for
Post	Institution	From		To		Г	Scale	Cessation of Employment	
		Year	Month	Date	Year	Month	Date		Employment

15. (a) Period of experience gained as at the closing date of Applications relevant to the post applied :

Years	Months	Days

Contd/5

(b) If you have obtained no-pay leave during this period, state reasons and the period of such leave :

16. Extra Curricular activities : (If space is insufficient, please use separate sheet of same size)

	Event	Achievements	Level
Sports			
	Subject	Leve	1
Other Certificates			
	Positions	Professional Body/Soc	iety//Organization
Positions held in Professional Body/Societies/ Organizations/etc.			
Achievements			

Name	Designation	Address	Contact No: Email Address
1.			Email radices
2.			
	_		ion are true and accurate.
disqualified before selec	tion and to be dismisse		accurate, I am liable to be insation if the inaccuracy is
detected after appointme	ent.		
Date:	••	•••••	•••••
		Sig	gnature of Applicant
For Internal Applicants	Only.		
••	·		
Secretary,			
University Grants Comr	nission.		
Application is recomme	and family and of	I contify that the n	autiaulaus sivan in numbs
Application is recomme			articulars given in numbe ersonnel file and if he / she
selected for the said post			
01 to 14 of this application selected for the said post Remarks if any :			
selected for the said post			
selected for the said post	the / she can be / canno Vice-Chanc	ot be released. cellor/Secretary/Regist	rar
selected for the said post	the / she can be / canno Vice-Chanc	ot be released.	rar
selected for the said post	the / she can be / canno Vice-Chanc Rector/Dire	ot be released. cellor/Secretary/Regist ector/SAS/Personnel/U	rar
selected for the said post	Vice-Chance Rector/Direction	ot be released. cellor/Secretary/Regist ector/SAS/Personnel/U	rar GC

For public Se	ervice/ Corporation/ Statutory Board Candidates only
Secretary, University G	rants Commission.
01 to 14 of th	is recommended and forwarded. I certify that the particulars given in numbers is application are correct according to the applicant's personnel file and if he / she is he said post he / she can be / cannot be released.
Remarks if a	ny:
	•••••••••••••••••••••••••••••••••••••••
	Signature of the Head of the
	Governing Body & Official Stamp
Name	:
Designation	:
Date	: