UNIVERSITY GRANTS COMMISSION

FORM OF APPLICATION

POST:

(Indicate the name of the post as given in the advertisement)

04 (\ \ 7																	
01. (8	i) Name	e with initials	:												 	 		
(t	o) Nam	es denoted by Initials	:															
02.	Whet	her Rev./Mr./Mrs./M	iss		:[
03.	(a) P	ostal Address			:													
	()	Any change should be																
		ommunicated immedi	iately	<i>v</i>)														
			-															
	(b) (Contact Telephone No).		:	<u> </u>	[[1	[1		 [1		I	
	()		•		•													
	(c) E-	mail Address :																
		_													 			
04.	Natio	nal Identity Card N	0.	:	:													
05.	(a)	Date of Birth			:		Yea	ar]	Mo	nth		Da	ite				
	(b)	Age as at the closing	g dat	te			Yea	ars	I	Мо	nths	5	Da	iys				
		of application			:													
06.	Civil	Status			:										 	 		
 07.	What	her Citizen of Sri La													 	 		
07.		e whether by decent of			•													
	regis	tration) if by registra	tion,															
		reference number & (
	or ce	rtificate of citizenship	,															

Race 08.

(State whether Sinhala, Tamil, person of Indian Origin or Muslim)

:

_____ ----:

09. Education

Schools Attended		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 nmence]	Effective Date	Duration	
			Year	Month	Date	Year	Month	Date	
1.									
2.									
3.									
4.									

(b) Professional Qualifications:

(Attach copies of certificates)

Institution	Qualifications Obtained	Cor	Date on Date of Date		E	;	Duration	
		Year	Month	Date	Year	Month	Date	
1.								
2.								
2.								
3.								
4								
4.								
5.								

Contd.../3

(C) Postgraduate Qualifications.

(Attach copies of certificates)

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

(d) Training/Workshops

(Attach copies of certificates)

Tandid diam	Name of the Training Programme/Workshop		From			То		Duration
Institution	Programme/worksnop	Year	Month	Date	Year	Month	Date	Duration
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)

(If space is insufficient, please use separate sheet of same size)

12. (a) Research & Publications :

(If space is insufficient, please use separate sheet of same size)

 13. (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
 :

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

	Department/ Institution			Perio	Salary	Reason for				
Post		From				То	1	Scale	Cessation of Employment	
		Year	Month	Date	Year	Month	Date		Employment	

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

Years	Months	Days				

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

(c) Qualifications & Experience relevant to Quality Assurance:

Qualifications/ Experience	Details

15. (Names of two non related referees with addresses and Contact Nos.)

Name	Designation	Address	Contact No: Email Address
1.			
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.

Date:

Signature of Applicant

Secretary, University Grants Commission.

Application is recommended and forwarded. I certify that the particulars given in numbers 01 to 13 of this application are correct according to the applicant's personnel file and if he / she is selected for the said post he / she can be / cannot be released.

Remarks if any :

Vice-Chancellor /Rector/Director

Institute:....

Date: