



08. Race :   
(State whether Sinhala, Tamil, person of Indian Origin or Muslim)

09. Education :

Schools Attended	From			To		
	Year	Month	Date	Year	Month	Date
1.						
2.						
3.						
4.						
5.						

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

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

Degrees/Diplomas	Class	University	Date of Commencement			Effective Date			Duration
			Year	Month	Date	Year	Month	Date	
1.									
2.									
3.									
4.									

(b) Professional Qualifications:  
(Attach copies of certificates)

Institution	Qualifications Obtained	Date of Commencement			Effective Date			Duration
		Year	Month	Date	Year	Month	Date	
1.								
2.								
3.								
4.								
5.								

**(C) Postgraduate Qualifications.**

(Attach copies of certificates)

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

**(d) Training/Workshops**

(Attach copies of certificates)

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

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**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)**



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

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**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: .....**

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