



## THE UNIVERSITY OF PERADENIYA SRI LANKA

FORM OF APPLICATION FOR THE POST OF LIBRARIAN

POST APPLIED FOR: Advertised/ Post of the Librarian

### 1. Personal Details:

*(If registered as a student in a University under any other name, please indicate such name within brackets)*

Surname:		Other Names:	
Date of Birth (attach certificate):		NIC No:	
Title:	Prof. Rev. Dr. Mr. Ms.	Citizen of Sri Lanka	Yes No
		Sex	Male Female
		Civil Status	Single Married
Professional Summary:		Degree (eg. B.Sc. Hons. Cey., M.Sc. Lond.):	
		Titles of theses written:	

### 2. Addresss *(Any changes should be communicated immediately. An e-mail address is strongly encouraged)*

Postal:	Tel:
	Fax:
	E-mail:

**3. Academic and Professional Qualifications:**

<b>Degree/Qualification</b>	<b>University/Institution</b>	<b>Years attended</b>	<b>Subject/Speciality</b>
1)			
2)			
3)			
4)			

**4. Proficiency on languages: Highest Examination passed in,**

Sinhalese	-
Tamil	-
English	-
Other	-

**5. (a) Present Occupation and Salary Drawn****(b) Previous Employment, if any, with dates and periods (begin from the last)**

<u>Department/Institution</u>	<u>Post</u>	<u>From</u>	<u>To</u>	<u>Reasons for Leaving</u>
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**6. Commendations if any, during your career**

(a) As a University student:

(b) At work:

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**7. Punishments/Disciplinary actions**

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**8. Extra-curricular Activities**

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**9. Research interests**

**10. Vision Statement****11. Any other relevant particulars** (*not included above*)**12. Two Professional References**NameAddressDesignation

1.

2.

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**13. Declaration**

I hereby certify that the particulars submitted by me in this application are true and accurate. I am aware 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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**TO BE COMPLETED BY THE HEAD OF THE INSTITUTION WHERE APPLICABLE**

**The Vice-Chancellor,  
University of Peradeniya,  
Peradeniya.**

This application is forwarded. Please note that if selected, action will be taken to release the candidate from service.

.....  
**Date**

.....  
**Signature of Head of Institution**  
(With appropriate internal routing)