

FORM OF APPLICATION

	POST APPLIED FOR:		
1.	Name in Full: Rev./Mrs./Miss [Underline Surname] [If registered as a student in a University under any other name, please indicate such name within brackets]		
2.	Postal Address [Any change should be communicated immedian	rely]	
3.		E-mail -	
	Contact Telephone No.	Fax No	
4.	Date of Birth & Age [Please attach copy of Birth Certificate]		
5.	Nationality		
6.	Civil Status		
7.	Whether Citizen of Sri Lanka [State whether by descent or by registration; if by registration, give reference number and date of certificate of citizenship]		

8.	School/s	Attended			<u>From</u>	<u>To</u>
	1.					
	2.					
	3.					
9.			IS [Please at	tach copies	of all relevant certifica	ites]
9.1		/L) Examination				
	<u>Year</u>	Index No.	<u>Subjects</u>			<u>Grades</u>
9.2	C C F (A	/L) Examination				
	Year	Index No.	Subjects			<u>Grades</u>
9.3	University	Education				
	Degree/Dip		<u>From</u>	<u>To</u>	Course Followed	Date of Final Exam
	Name of the	e University				& Results [Give Class / Grade]
10	Special O	valifications				
10.		Qualifications al, etc. – Please attac	ch copies of a	ll relevant	certificates]	

11.	[Indi	demic Distinctions, Scholarships, Medals, Prizes, etc., cate the Institution from which such awards have been obtained – Please attach copies of vant certificates]
12.	Pro	ficiency on Languages : Highest Examination passed in,
		Sinhala -
		Tamil -
		English -
13.		Present Occupation: 1. Post: 2. Date of appointment to such post: 3. Whether confirmed in the present post: 4. Place of work: 5. Salary scale of the post: 6. Present salary: (a) Salary Step- (b) Allowances- Previous Employments, if any, with dates and periods artment/ Institution
	(c)	Particulars of Bond Obligations to Higher Educational Institutions/Institutes if any:
		(i) Obligatory Period:
		(ii) Amount Due :

14 .	4. Extra Curricular Activities	
15 .		
	[Not included above]	
16 .	Names of two non related referees	
	[With positions and addresses]	
	<u>Name</u>	<u>Address</u>
	1.	
	1.	
	2.	
17.	7. Where a period of experience is a requirement for the post applied, state period of such experience with details:	

18.	I 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			
19.	[TO BE COMPLETED BY THE H	EAD OF THE DEPARTMENT WHERE APPLICABLE]			
	(a) Is the applicant on probation?	Yes / No			
	(b) Was any disciplinary action take the applicant?	en against Yes / No			
	(c) I recommend/ not recommend the application.				
	Date	Signature of Head of Department			
	Zuc	Signature of freue of Department			
	Note: If space not sufficient to enter a attach to the end.	the details under each column use a separate sheet and			