

BUDDHIST & PALI UNIVERSITY OF SRI LANKA FORM OF APPLICATION

						For C	Office	Use				
						I.D.N	lo:					
	POST OF .	••••••	••••••	•••••	•••••	•••••	•••••	•••••	•••••	•••••	· ··	
1	Name in Full											
	(in block letters)											
2	Postal Address											
3	Contact Telephone N	0										
	Fax No											
	E-Mail											
4	Date of Birth											
	Year	Month	Date									
5	Age as at closing date	of applica	tion									
	Year	Month	Date									
6	Sri Lankan Citizenshi	р										
	By Descent											
	By Registration											

	Name of the Examin	ation							
							Sinhala		
							Tamil		
							English		
8	University Education	n (Basic Degree)							
	University	degree & the Year	Mediu	ım (pecial or General Degree	Subjects Followed	Class (Pl. indicate cleary		
9	Postgraduate Qualifications :								
	University / Institution	degree / Diplo Course (Pl. indi	icate	Period		Subjects Followed & the	Results		
	nistitution	whether by rese for by examinat		From	То	Effective date			
10	Professional Qualifications (If Space is insufficients, Please use a separate sheet of same size)								
	University / Institution	Qualification Obtained	ns	Date of commencement		Effective date	Duration		

7 Higher Examination Passed in following language

11	Research & Publications, if any								
	(If Space is insufficients, Please use a separate sheet of same size)								
12	(a) Present Occupation:								
	Employer	Designation & nature of work	Salary drawn per	Period					
	Employer	assigned	month	From	То				
	(b) Previous Occupat	ion:							
	Designation & nature of work Salary drawn per								
	Employer	assigned	month	From	То				
	13 Extra Curricular Activities (If Space is insufficients, Please use a separate sheet of same size)								
13									
	l								

14	Specific details of administrative experience (For Administrative Category) (If Space is insufficients, Please use a separate sheet of same size)							
15	Any Other relevant facts							
16	Names, Occupations and Addresses of	f two non related referees						
	Name	Address	Occupation					
17	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 of the inaccuracy is detected after appointment.							
	Date:		Signature					
	(To be Completed by the	e Head of Departments where app	blicable)					
	Application forwarded. Please note that if selected action will be taken to release him from service							
	Date:		re of Head of Department					