## UNIVERSITY HOSPITAL GENERAL SIR JOHN KOTELAWALA DEFENCE UNIVERSITY

### APPLICATION FOR THE POSTS OF ADMINISTRATIVE AND MEDICAL STAFF

For Office Use only							
NIC	No						
App	olied Post						
01.	Full Name (In block letters)						
	Name with initials		Prof/Dr/	Mr/Ms			
02.	02. a. Permanent Address						
	b. Tel No		Residence				
			Mobile				
	c. E-Mail						
	d. Fax						
	e. Skype ID						
03.	Date of Birth		Year	Month	Date		

04.	Age (as at closing date)	Years	Month	s	Days
05.	Civil Status	Marrie	ed		Single
06.	Gender	Male		Female	
07	Coi I and an Citizanahin				
07.	Sri Lankan Citizenship	By Descent		By Registration	
08.	School/s Attended				

09. University Education (Basic Degree)

Basic Degree	Effective Date	Awarded Institute	Medium	Special or General Degree	Subjects Followed	Class (Pl. indicate clearly)	Annexure No. (Copy of the Certificate )

# 10. Postgraduate Qualifications(if space is insufficient please use a separate sheet)

D /Dial C		T C.	Full time or part time	Duration				Annexure
Degree/Diploma Course (by research or by Examination)	Effective Date	Institute Awarded		From	То	Yrs	Months	No. (Copy of the Certificate)

11. Professional Qualifications
(PGIM Board certification, Chartered Qualifications, Attorney at Law, etc.)
(if space is insufficient please use a separate sheet)

	Educational and professional qualifications								
Sr.		Effective			Duration				
No.	Qualification	Date	Institute Awarded	From	То	Yrs	Months	(Copy of the Certificate)	

12. a. Present Occupation: (if space is insufficient, please use a separate sheet)

		Nature of work	Salary	P	eriod c	of servi	ce	Annexure
Place of Work	Designation/Post	assigned	drawn per month	From	То	Yrs	Months	No. (Copy of the Certificate)

b. Previous Occupations: (if space is insufficient, please use a separate sheet)

DI CIAL I	D : (: /D )		Annexure No.			
Place of Work	Designation/Post	From	То	Yrs	Months	(Copy of Service Letter)
						Service Letter)
	Place of Work	Place of Work Designation/Post	Place of Work  Designation/Post  From	Place of Work  Designation / Post	Place of Work  Designation/Post  From To Yrs  Output  To Yrs	Place of Work Designation / Post

	pace is insufficient, please use a separate sheet)
	cial details of administrative experience (for Administrative Category) pace is insufficient, please use a separate sheet)
15. A	other relevant facts
16.	ave you entered in to a Bond/ Agreement with any of your previous aployer/s for Training/Study Programme or other purpose?
i.	Nature of Training/: Study programme/ other purpose
ii	Obligatory :Period

111.	Date of	:	•••••
	Commencement of		
	obligatory		
	Period		
iv.	Date of expiry	:	
	of obligatory		
	Period		
v.	Monetary value	:	
	of the Bond		

#### 17. Names, occupations and addresses of two non related referees

Name	Address	Occupation	Contact No

#### 18. Certification by Applicant

I hereby certify that the particulars submitted by me in this application form 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.

Further, I have enclosed certified copies of the following documents. (Please insert "  $\sqrt{}$  " mark)

Description of Document								
1. Basic Degree Qualifications Attached Annexure								
a.	Basic Degree Certificate							
b.	Transcript/ Detailed results sheet							
2. Pos	stgraduate Qualifications							
a.	Postgraduate Degree certificate							
b.	Transcript/ Detailed results sheet							
	<b>Description of Document</b>	Attached	Annexure No					
3. Au	thentication letter from UGC (for foreign Degrees)							
4. Pro	4. Professional Qualifications							
a.	Certificates/ Letters							
b.	Special Training							
5. Ser	vice Certificates							
Date :								
19.	To be completed by the present employer (If any)							
Applicant can/ cannot be released, if selected for the above post.								
Any Special Comments :								
_	Signature							
	Name :							
Desig Date	gnation:							
Date	•							