



POSTGRADUATE INSTITUTE OF MEDICINE UNIVERSITY OF COLOMBO

FORM OF APPLICATION

Post:
1. Name in Full :
2. Whether Mr./Mrs./Miss :
3. Postal Address (Any changes should be communicated immediately)
Telephone No. Residence - Office -
Email :
4. (a) Date of Birth: (b) Age as at closing date of Application Years Months Dates
5. Civil Status :
6. State whether citizen of Sri Lanka by Descent or Registration. If by registration, give Registration No.:
7. State whether Sinhala, Tamil, person of Indian origin or Muslim :
 8. Educational Qualifications (Pre – University)
Name of Exam Index No. Subjects Grades

9.	University Education (Degree, Diploma, etc) and the Name of University	From	То	Course followed (with subjects)	Date of final Examination (Give Class or Grade)
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10.	Professional Qualifications (D	etails with	the Da	ates of obtaining such (Jualifications)
11.	Postgraduate qualifications (D	etails with	the Da	ates of obtaining such (Qualifications)
12.	Any other academic distinction from which such awards have			Medals, prizes, etc. (Ind	dicate the Institution
13.	Research and Publications if a have been made and date of jo				he publications
14.	Highest examinations passed	in Sinhala	/Englis	sh	
	1.Sinhala				
	2.English				

a.	esent 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) (b)	Basic Salary Allowance	: :						
b.	b. Previous appointments including those under training, if any With dates									
	Department/Institution	<u>on</u>	Post	Salary Scale	<u>From</u>	<u>To</u>				
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