

FORM OF APPLICATION (B)

	POST APPLIED FOR:			
1.	Name in Full: Rev./Mr./Mrs./Miss [Underline Surname] [If registered as a student in a University under any other name, please indicate such name within brackets]			
2.	2. Postal Address [Any change should be communicated immediately]			
3.	E-mail -			
	Contact Telephone No. Fax No			
4.	Date of Birth & Age [Please attach copy of Birth Certificate]			
5.	Nationality			
<u></u> 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.					
	3.					
	Edwardin	mal Ovalification	ag (D)			. 7
9 . 9.1		nai Quanncauoi D/L) Examination	is [Please at	tach copie	es of all relevant certific	ates]
	Year	Index No.	Subjects			Grades
			<u></u>			
9.2	G. C. E. (A	/L) Examination				
	Year	Index No.	Subjects			<u>Grades</u>
9.3	University Degree/Dip	Education oloma, etc. &	<u>From</u>	<u>To</u>	Course Followed	Date of Final Exam
		ne University	<u>110111</u>	10	<u>Course I onowed</u>	& Results [Give
						Class /Grade]
10.		Qualifications	ah aanias of s	ill rolovon	t cortificator]	
	[Profession	al, etc. – Please attac	en copies of a	iii reievaii	i certificates]	

11.	[Indi	cate the Institution from which such awards have been obtained – Please attach copies of relevant ficates]		
12.	Duo	ficiency on Languages : Highest Examination passed in,		
14.	110			
		Sinhala -		
		Tamil -		
		English -		
13 .	(a)	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 -				
	(b) Previous Employments, if any, with dates and periods Department/Institution Post From To Reasons for Leaving			
	<u>Берг</u>	arthene histitution 10st 17om 10 Reasons for Leaving		
	(c) Particulars of Bond Obligations to Higher Educational Institutions/Institution if any:			
		(i) Obligatory Period:		
		(ii) Amount Due :		

14 .	Extra Curricular Activities	
15 .	Any other relevant particulars	
	[Not included above]	
16 .	Names of two non related referees	
	[With positions and addresses]	
	<u>Name</u>	<u>Address</u>
	1.	
	1.	
	2.	
	2.	
17.	Where a period of experience is a re-	quirement 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 inaccurace is detected after appointment.			
	Date	Signature of Applicant		
19.	[TO BE COMPLETED BY THE HEAD OF THE DEPARTMENT WHERE APPLICABLE]			
	(a) Is the applicant on probation?	Yes / No		
	(b) Was any disciplinary action taken a the applicant?	against Yes / No		
	(c) I recommend/ not recommend the a	pplication.		
	Date	Signature of Head of Department		
	Note: If space not sufficient to enter the attach to the end.	details under each column use a separate sheet and		