UNIVERSITY GRANTS COMMISSION

FORM OF APPLICATION

		the name of the post		n the	advert	isem	ent)							
01. (a	a) Nam	e with initials	:											
(b)	Names	denoted by Initials	: -											
02.	Whe	ther Rev./Mr./Mrs./	Miss	: [
03.	(Any change should			:										
communicated immedi (b) Contact Telephone No		-	:											
	(c) E	-mail Address :												
04.	Natio	onal Identity Card	No.	:										
05.	(a)	Date of Birth		:	Ye	ar	M	lonth		Da	ite	 	 	
	(b)	Age as at the closi of applications	ing date	:	Ye	ars	M	onths	S	Da	ıys			
06.	. Civil Status :											 	 	
07.	7. (a) Whether Citizen of Sri Lanka (State whether by decent or by registration) if by registration, give reference number & date of certificate of citizenship			:										

	(b)	Whether you have been convicted for a civil or criminal case previously :										
		If 'Yes' state further information on the same	on :									
08.	Race (State	: whether Sinhala, Tamil, person	of Indian Or	igin or M	uslim)							
09.	Educa	tion :										
		Schools Attended		From		To						
-		Schools Attended	Year	Month	Date	Year	Month	Date				
	1.											
	2.											
	3.											
	4.											
	5.											

10. Qualifications

(Qualifications should be obtained as at the closing date of the applications. All qualifications to be considered should be indicated in the application and the certified copies of certificates should be attached to the application)

(a) University Education:

Degrees/Diplomas	Class	University	Date of Commencement			Effective Date			Duration
			Year	Month	Date	Year	Month	Date	
1.									
2.									
3.									
4.									

(b) Professional Qualifications:

Institution	Qualifications Obtained	Cor	Date o		Е	Effective		Duration	
Institution	Qualifications Obtained		Commencement Year Month Date		Year	Date Month	Date	Duration	
1.									
2.									
3.									
3.									
4.									
5.									

$(C) \ \ Postgraduate \ Qualifications:$

Postgraduate	University	By Course or	Date of Commencement]	Effective Date	Duration (Prescribed	
Degree/Diploma	omversity	By Research	Year	Month	Date	Year	Month	Date	period of Registration
1.									
2.									
3.									
4.									
5.									

$\ \, \textbf{(d) Training/Workshops attended:} \\$

(Attach copies of certificates)

Institution	Name of the Training Programme/Workshop		From			То	Duration	
	Trogramme, workshop	Year	Month	Date	Year	Month	Date	Duration
1.								
2.								
3.								
4.								

IT related Training/Workshops									
Institu	tion	Name of the Training Programme/Workshop		From			То	Duration	
		Trogramme, womenop	Year	Month	Date	Year	Month	Date	2 41411011
1.									
2.									
3.									
4.									

	٥٠							
	4.							
 11.	(indi	other academic distinct cate the Institution from th copies of certificates)						
 12.		ch & Publications if an e is insufficient, please	•	t of sa	ame siz	e)	 	
13.	_	est examination passed	l in :				 	
14.	(a)	Present Occupation	:					
		1. Post		:				
		2. Date of appointme	ent to such post	:				
		3. Whether confirme	ed in the present po	ost :				
		4. Place of work with	the Address	:				
		5. Salary Scale of the	e post	:				
		6. Present Salary	a. Basic Sala	ary:				
			b. Allowance	es :				

(b) Previous appointments if any, with dates: (Attach copies of service certificates)

	Department/			Perio	d of Se	rvice		Salary	Reason for		
Post	Institution		From		То			Scale	Cessation of		
		Year	Month	Date	Year	Month	Date		Employment		

15.	(a) Period of experience gained as at	the closing date of Applications
	relevant to the post applied	:

Years	Months	Days

(b)	If you have obtained no-pay	leave during this period, state reasons and
	the period of such leave	:

16. Extra Curricular activities : (If space is insufficient, please use separate sheet of same size)

Event	Achievements	Level
	Event	Achievements

	Subject	Level
Other Certificates		
Positions held in Professional Body/Societies/ Organizations/etc.	Positions	Professional Body/Society//Organization
Achievements		

17. (Names of two non related referees with addresses and $\,$ Contact Nos.)

Name	Designation	Address	Contact No:
			Email Address
1.			
2.			

I do hereby certify that 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	

For Internal	Applicants Only.
Secretary, University G	erants Commission.
01 to 14 of th	is recommended and forwarded. I certify that the particulars given in numbers application are correct according to the applicant's personnel file and if he / she is the said post he / she can be / cannot be released.
Remarks if a	ny:
	Vice-Chancellor/Secretary/Registrar Rector/Director/SAS/Personnel/UGC
	Institute:
Date:	
For public So	ervice/ Corporation/ Statutory Board Candidates only
Secretary, University G	rants Commission.
01 to 14 of th	is recommended and forwarded. I certify that the particulars given in numbers application are correct according to the applicant's personnel file and if he / she is the said post he / she can be / cannot be released.
Remarks if a	ny:
	Signature of the Head of the Governing Body & Official Stamp
Name	:
Designation	:
Date	: