

FORM OF APPLICATION

| | 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. | Postal Address [Any change should be communicated immediately] |
| | E-Mail - |
| 3. | Contact Telephone No. Fax No |
| 4. | Date of Birth & Age [Please attach copy of Birth Certificate] |
| 5. | Nationality |
| 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. | Educational Qualification | S [Please a | ttach copie | es of all relevant certific | ates] |
|-----|--|--------------------|--------------|-----------------------------|--|
| | University Education Degree/Diploma, etc. & Name of the University | From | <u>To</u> | Course Followed | Date of Final Exam & Results [Give Class /Grade] |
| 9. | Special Qualifications [Professional, etc. – Please attack | h copies of | all relevan | t certificates] | |
| 10. | Postgraduate Qualification [State whether by course work of relevant certificates] | | , duration a | and effective date – Ple | ase attach copies of all |

| 11. | [Indi | demic Distinctions, Scholarships, Medals, Prizes, etc., cate the Institution from which such awards have been obtained – Please attach copies of cant certificates] | | | | | |
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| 12. | | earch Publications, if any pace is insufficient, please use a separate sheet] | | | | | |
| | | | | | | | |
| 13. | Pro | ficiency on Languages: Highest Examination passed in, | | | | | |
| | | Sinhala - | | | | | |
| | | Tamil - | | | | | |
| | | English - | | | | | |
| 14. | (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 - | | | | | |
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| (| (c) | Experie | ence, if any | | | | |
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| (| (d) | Particu if any: | lars of Bon | d Obligations to | Higher Education | onal Inst | itutions/Institutes |
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| | | | Obligatory P Amount Due | | | | |
| | | (11) | Timount Duc | • | | | |
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| 5. (| Con | nmenda | tions/Puni | shments, if any | <i>,</i> | | |
|] | Dur | ing you | r career in | the University | | | |
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| 17. | Any other relevant particulars [Not included above] | | | |
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| 18. | Names of two Non related referees [With positions and addresses] | | | |
| | <u>Name</u> | <u>Address</u> | | |
| | 1. | | | |
| | 2. | | | |
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| 19. | Where a period of experience is a requirement for the post applied, state period of such experience with details: | | | |
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| 20. | I am aware that if any of these particulars a | d by me in this application are true and accurate. re found to be false or inaccurate, I am liable to e dismissed without any compensation if the | | |
| | Date | Signature of Applicant | | |

| 21. | [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 against the applicant? | Yes / No | | | |
| | (c) I recommend/ not recommend the application. | | | | | |
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| | | Date | Signature of Head of Department | | | |
| | Note: If space not sufficient to enter the details under each column use a separate sheet and attach to the end. | | | | | |