

## POSTGRADUATE INSTITUTE OF AGRICULTURE UNIVERSITY OF PERADENIYA SRI LANKA

## FORM OF APPLICATION

	(8)	
	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]	
3.	Contact Telephone No & Email Address	
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]	

	University Education  Degree/Diploma, etc. & From To Course Followed  Name of the University  Course Followed Results (Class)								
9.	Special Qualifications [Professional, etc. – Please attach copies of all relevant certificates]								
10.	Postgraduate Qualifications [State whether by course work or research, duration and effective date – Please attach copies of all relevant certificates]								
11.	. Academic Distinctions, Scholarships, Medals, Prizes, etc., [Indicate the Institution from which such awards have been obtained – Please attach copies of relevant certificates]								
12.	Research Publications, if any [If space is insufficient, please use a separate sheet]								
13.	Proficiency on Languages: Highest Examination passed in,  Sinhala -  Tamil  English -								
14.	<ul> <li>(a) Present Occupation:</li> <li>1. Post:</li> <li>2. Date of appointment to such post:</li> <li>3. Whether confirmed in the present post:</li> <li>4. Place of work:</li> <li>5. Salary scale of the post:</li> <li>6. Present salary:</li> </ul>								

Educational Qualifications [Please attach copies of all relevant certificates]

8.

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		(ii)	Amount Due					
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E	xtr	ra-Cu	rricular Acti	ivities				
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			r relevant pa ed above]	rticulars				

	[With positions and addresses]	
	<u>Name</u>	Address
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19.	Where a period of experience is a requi of such experience with details: [Please a	rement for the post applied, state p
	of such experience with details. [Freuse a	amon copies or recovant community
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20.	I hereby certify that the particulars submitted I am aware that if any of these particulars are be disqualified before selection and to be inaccuracy is detected after appointment.	found to be false or inaccurate, I am li
	Date	Signature of Applicant
		Signature of Applicant
		Signature of Applicant
		Signature of Applicant
	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 applicat	ion.	
	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.