

UNIVERSITY OF PERADENIYA SRI LANKA

FORM OF APPLICATION

	560	_
	POST APPLIED FOR:	
1.	Name in Full: Rev./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.	
	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.	School/s	Attended			From		<u>To</u>
	1.						
	2.						
	3.	9					
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9.		onal Qualificatio	ns [Please atta	ch copies	of all relevant o	certificat	es]
9.1		O/L) Examination					0 1
	Year	Index No.	Subjects				<u>Grades</u>
		rii.					
	6657						
9.2	Year	A/L) Examination Index No.	Subjects				Grades
	<u>I Cai</u>	index No.	Subjects				Grades
		w					
9.3		Education					
		ploma, etc. &	<u>From</u>	<u>To</u>	Course Follo	wed	Date of Final Exam & Results [Give
	Name of t	he University					Class /Grade]
		9					
10.		Qualifications nal, etc. – Please atta	ach copies of all	relevant c	ertificates]		

11.	[Indicate the Institution from which such awards have been obtained – Please attach copies of relevant certificates]							
12.	Pro	ficienc	ey on Langua	iges : High	nest Exami	nation pas	ssed in,	
		Sinl	nala -					
		Tan	nil -					
		Eng	lish -					
13.	(a)	Pres	ent Occupation	on:				
		1. P	ost:					
			ate of appoin		0.000			
			Vhether confi	rmed in the	e present po	ost :		
			lace of work :	4				
			alary scale of		w Ston			
		0. F	resent salary	(b) Allov				
	(b) Depa		ious Employn	nents, if an	y, with date	es and perio	ods To	Reasons for Leaving
			4					
	(c)	Parti if any		d Obligatio	ons to High	er Educatio	nal Instit	tutions/Institutes
		(i)	Obligatory P	eriod :				
		(ii)	Amount Due	:				

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15. Any other relevant particulars	
[Not included above]	3
g.	
16. Names of two non related referees [With positions and addresses]	
Name	Address
	1444 655
1.	
2.	
17. Where a period of experience is a requir	rement for the post applied, state
17. Where a period of experience is a requir of such experience with details:	rement for the post applied, state
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of such experience with details:	rement for the post applied, state

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