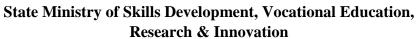




## **University College of Anuradhapura**

## **University of Vocational Technology**



## **Application Form – Non Academic**

| TAPPLIED FOR:                |  |  |   |  |   |   |
|------------------------------|--|--|---|--|---|---|
| Name in Full: Mr./Ms.        |  |  |   |  |   |   |
| Name With Initials:          |  |  |   |  |   |   |
| Permanent Address:           |  |  |   |  |   |   |
| Tel:                         |  | Mobile:  |   |  |   |   |
| Fax:                         |  | E-mail:  |   |  |   |   |
| National Identify Card No:   |  |  |   |  |   |   |
| Date of Birth:               |  | Da   | te:   | Month:   | Year:   |   |
| Age as at closing date of Ap | plication:   | Yea  | ars:  | Months:  | Days:   |   |
| Civil Status:                |  |  |   |  |   |   |
| Citizenship:                 |  |  |   |  |   |   |
| Details of Secondary Educat  | ion  |  |   |  |   |   |
| (i) G.C.E (O/L)              |  | Year:  |   | Index No:  |   |   |
| Name of School/College       | Subjects   |  | Results   | Subjects   |   | Results   |
|                              |  |  |   |  |   |   |
|                              |  |  |   |  |   |   |
|                              |  |  |   |  |   |   |
|                              |  |  |   |  |   |   |
|                              |  |  |   |  |   |   |
|                              |  |  |   |  |   |   |
|                              |  |  |   |  |   |   |
|                              | Name in Full: Mr./Ms.  Name With Initials:  Permanent Address:  Tel: Fax: National Identify Card No:  Date of Birth: Age as at closing date of Ap Civil Status: Citizenship: Details of Secondary Educat (i) G.C.E (O/L) | Name in Full: Mr./Ms.  Name With Initials:  Permanent Address:  Tel: Fax: National Identify Card No:  Date of Birth:  Age as at closing date of Application:  Civil Status:  Citizenship:  Details of Secondary Education  (i) G.C.E (O/L) | Name in Full: Mr./Ms.  Name With Initials:  Permanent Address:  Tel: Mobile: Fax: E-mail:  National Identify Card No: Date of Birth: Date of Birth: Date as at closing date of Application: Year:  Civil Status:  Citizenship:  Details of Secondary Education  (i) G.C.E (O/L) Year: | Name in Full: Mr./Ms.  Name With Initials:  Permanent Address:  Tel: Mobile: Fax: E-mail:  National Identify Card No: Date:  Date of Birth: Date:  Age as at closing date of Application: Years:  Civil Status:  Citizenship:  Details of Secondary Education  (i) G.C.E (O/L) Year: | Name in Full: Mr./Ms.  Name With Initials:  Permanent Address:  Tel: Mobile: Fax: E-mail:  National Identify Card No: | Name in Full: Mr./Ms.  Name With Initials:  Permanent Address:  Tel: Mobile: Fax: E-mail:  National Identify Card No: Date: Month: Year:  Age as at closing date of Application: Years: Months: Days:  Civil Status:  Citizenship:  Details of Secondary Education  (i) G.C.E (O/L) Year: Index No: |

|    | (II) <b>G.C.E. (A/L)</b>          | Year:        |                                 |               | Index No: |            |                 |            |                                |  |  |
|----|-----------------------------------|--------------|---------------------------------|---------------|-----------|------------|-----------------|------------|--------------------------------|--|--|
|    | Name of School/College            |              | Subjects                        |               | F         | Results Su |                 | bjects     | Results                        |  |  |
|    |                                   |              |                                 |               |           |            |                 |            |                                |  |  |
|    |                                   |              |                                 |               |           |            |                 |            |                                |  |  |
|    |                                   |              |                                 |               |           |            |                 |            |                                |  |  |
| 11 | Higher Educational                | Qualifica    | ations [Firs                    | t Degree      | and P     | ostgrad    | uate degr       | ree(s)     |                                |  |  |
|    | University/ Degree<br>Institution |              | Class Special<br>Gener<br>Degre |               | ral       | al Subject |                 | From -To   | Effective<br>date of<br>Degree |  |  |
|    |                                   |              |                                 |               |           |            |                 |            |                                |  |  |
|    |                                   |              |                                 |               |           |            |                 |            |                                |  |  |
|    |                                   |              |                                 |               |           |            |                 |            |                                |  |  |
| 12 | Professional Qualif               |              |                                 |               |           |            |                 |            |                                |  |  |
|    | University/                       | mination I   | Passed                          | S             | pecializ  | ation      | Year of Passing |            |                                |  |  |
|    | Institution                       |              |                                 |               |           |            |                 |            |                                |  |  |
|    |                                   |              |                                 |               |           |            |                 |            |                                |  |  |
|    |                                   |              |                                 |               |           |            |                 |            |                                |  |  |
|    |                                   |              |                                 |               |           |            |                 |            |                                |  |  |
|    |                                   |              |                                 |               |           |            |                 |            |                                |  |  |
| 13 | Certificates (if any)             |              |                                 |               |           |            |                 |            |                                |  |  |
|    |                                   |              |                                 | Field Name of |           |            | itution /L      | Jniversity | Year                           |  |  |
|    |                                   |              |                                 |               |           |            |                 |            |                                |  |  |
|    |                                   |              |                                 |               |           |            |                 |            |                                |  |  |
|    |                                   |              |                                 |               |           |            |                 |            |                                |  |  |
|    |                                   |              |                                 |               |           |            |                 |            |                                |  |  |
| 14 | Any other Academ                  | ic Distinc   | tions                           |               |           |            |                 |            |                                |  |  |
|    | Scholarships, Meda                |              |                                 |               |           |            |                 |            |                                |  |  |
|    | (Indicate The Instit              |              |                                 |               |           |            |                 |            |                                |  |  |
|    | Such awards have                  | been obt     | ained)                          |               | •••••     |            |                 | •••••••    | •••••                          |  |  |
| 15 | Research & Publica                | ntions, if a | any (if                         |               |           |            |                 |            |                                |  |  |
|    | Space is insufficien              |              |                                 |               |           |            |                 |            |                                |  |  |
|    | Separate sheet)                   |              |                                 |               |           |            |                 |            |                                |  |  |
|    |                                   |              |                                 |               |           |            |                 |            |                                |  |  |

| 16      |                | urrent Employment Records  Designation Institution Brief Description |             |        |                             |           |        |                  | ription of Time Period |                   |               |         |  |  |  |
|---------|----------------|--|-------------|--------|-----------------------------|-----------|--------|------------------|------------------------|-------------------|---------------|---------|--|--|--|
|         | 2 55.8         |  | modeadon    |        | Duties                      |           |        | From DD/MM/ YYYY |                        |                   | To DD/MM/YYYY |         |  |  |  |
|         |                |  |             |        |                             |           |        |                  |                        |                   |               |         |  |  |  |
| 7       | Previous wo    |  |             |        |                             |           | -      | n a              | nd conti               |                   |               | order)  |  |  |  |
|         | Designation II |  | Institution |        | Brief Description of        |           | on of  | Time Period      |                        |                   |               |         |  |  |  |
|         |                |  |             |        | Duties                      |           |        | From DD/MM/ YYYY |                        | To<br>DD/MM/ YYYY |               |         |  |  |  |
|         |                |  |             |        |                             |           |        |                  |                        |                   |               |         |  |  |  |
|         |                |  |             |        |                             |           |        |                  |                        |                   |               |         |  |  |  |
|         |                |  |             |        |                             |           |        |                  |                        |                   |               |         |  |  |  |
| 1       | Proficiency    | in Langua  |             |        |                             | in the re | levant | cag              |                        | Spoken            |               |         |  |  |  |
|         | Language       | Very<br>Good   | Good        | 1      | ritten<br>Satisfactory Weel |           | Very   | ery Good         |                        | Satisfactory      |               | Week    |  |  |  |
|         | Sinhala        |  |             |        |                             |           |        |                  |                        |                   |               |         |  |  |  |
|         | Tamil          |  |             |        |                             |           |        |                  |                        |                   |               |         |  |  |  |
|         | English        |  |             |        |                             |           |        |                  |                        |                   |               |         |  |  |  |
|         | Other          |  |             |        |                             |           |        |                  |                        |                   |               |         |  |  |  |
|         | Computing      | & Inform   | ation Ted   | chnol  | ogy                         |           |        |                  |                        |                   |               |         |  |  |  |
|         |                |  |             |        |                             | Year      |        |                  | Skills gained          |                   |               |         |  |  |  |
|         |                |  |             |        |                             |           |        |                  |                        |                   |               |         |  |  |  |
|         |                |  |             |        |                             |           |        |                  |                        |                   |               |         |  |  |  |
|         |                |  |             |        |                             |           |        |                  |                        |                   |               |         |  |  |  |
|         | Name of tw     | o person   | s (with a   | ddres  | sses and c                  |           |        | r) to            | whom r                 | eferen            | ce can b      | e made: |  |  |  |
|         | Name<br>1      |  |             |        |                             | Add       | dress  |                  |                        |                   |               |         |  |  |  |
|         | 1              | •••••••••  | ••••••      | •••••• | ••                          |           |        |                  |                        |                   |               |         |  |  |  |
|         |                |  |             |        |                             |           |        |                  |                        |                   |               |         |  |  |  |
|         |                |  |             |        |                             | Fax       |        | •••••            |                        |                   |               |         |  |  |  |
|         | 2              |  |             |        |                             |           |        |                  |                        |                   |               |         |  |  |  |
|         |                |  |             |        |                             |           |        |                  |                        |                   |               |         |  |  |  |
|         | Tel.No         |  |             |        |                             | Fa        | Fax    |                  |                        |                   |               |         |  |  |  |
| E-mail: |                |  |             |        |                             |           |        |                  |                        |                   |               |         |  |  |  |

| 21    | I hereby declare that the particulars furnished by me in the application are true and accurate. I am also aware that if any particulars herein are found to be false or incorrect, I am liable to disqualification if the inaccuracy is discovered before the selection and dismissal without any compensation if the inaccuracy is discovered after the appointment. |  |  |  |  |  |  |  |  |  |
|-------|---|--|--|--|--|--|--|--|--|--|
|       | Signature of the Applicant Date   |  |  |  |  |  |  |  |  |  |
| 22    | For Public/ Corporate Sector Candidates   |  |  |  |  |  |  |  |  |  |
|       | Application for the post of submitted by  |  |  |  |  |  |  |  |  |  |
|       | he/she can/ cannot be released.   |  |  |  |  |  |  |  |  |  |
|       | Date  |  |  |  |  |  |  |  |  |  |
|       | Signature of the Head of Institution  |  |  |  |  |  |  |  |  |  |
|       | (please place official seal)  |  |  |  |  |  |  |  |  |  |
|       | Note  |  |  |  |  |  |  |  |  |  |
| (i)   | If the sheets above are not sufficient, please use extra sheet, when & where necessary.   |  |  |  |  |  |  |  |  |  |
| (ii)  | Indicate the list of documents attached along with the application form.  |  |  |  |  |  |  |  |  |  |
|       | (a)   |  |  |  |  |  |  |  |  |  |
|       | (b)   |  |  |  |  |  |  |  |  |  |
|       | (c)   |  |  |  |  |  |  |  |  |  |
| (iii) | Please mark with "" in the relevant cage, if you do not have something to mention.  |  |  |  |  |  |  |  |  |  |
|       |   |  |  |  |  |  |  |  |  |  |