UNIVERSITY GRANTS COMMISSION

FORM OF APPLICATION

POS'	Г:	•••••	•••••	•••••				
(In	ndicate the name of the post as given i	n the	advertise	ment)			
01. (a	n) Name with initials :							
(I	o) Names denoted by Initials :							
02.	Whether Rev./Mr./Mrs./Miss	:[
03.	(a) Postal Address (Any change should be communicated immediately)	:						
	(b) Contact Telephone No.	:						
	(c) E-mail Address :							
04.	National Identity Card No.	:						
05.	(a) Date of Birth	:	Year		Month	Date	 	
	(b) Age as at the closing date of applications	:	Years	S]	Months	Days		
06.	Civil Status	:					 	 <u></u>
07.	(a) Whether Citizen of Sri Lanka (State whether by decent or by registration) if by registration, give reference number & date of certificate of citizenship	:						<u></u>

(b)	Whether you have been convicted for a civil or criminal case previously:										
	If 'Yes' state further information										
08.											
	(State whether Sinhala, Tamil, person of In	dian Ori	gin or M	uslim)							
09.	Education :										
	Schools Attended		From		То						
-		Year	Month	Date	Year	Month	Date				
-	1.										
	2.										
	3.										
	4.										
	5.										
	J.										

Qualifications- (All qualifications to be considered should be indicated in the application) **10.**

(a) University Education:
(Attach copies of certificates & transcripts)

Date of Commencement			Effective Date			Duration
Year	Month	Date	Year	Month	Date	
	Con	Commence	Commencement	Commencement	Commencement Date	Commencement Date

(b) Professional Qualifications:

(Attach copies of certificates)

			Date o		E	ffective		
Institution	Qualifications Obtained					Date		Duration
		Year	Month	Date	Year	Month	Date	
1.								
2.								
3.								
4.								
4.								
5.								

(C) Postgraduate Qualifications.

(Attach copies of certificates)

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

(d) Training/Workshops attended:

(Attach copies of certificates)

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

4.				
5.				

11. Any other academic distinctions scholarships, medals, prizes etc.: (indicate the Institution from which such awards have been obtained) (Attach copies of certificates)

12. (a) Research & Publications if any : (If space is insufficient, please use separate sheet of same size)

(b) IT Projects
(If space is insufficient, please use separate sheet of same size)

Period	Technology
	Period

13.	Highest examination passed in Sinhala/Tamil	:	

14.	(a)	Present Occupation	:

1. Post :

2. Date of appointment to such post :

3. Whether confirmed in the present post:

4. Place of work with the Address :

5. Salary Scale of the post :

6. Present Salary a. Basic Salary:

b. Allowances:

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

	Department/			Perio	d of Se	rvice		Salary		
Post	Institution		From			To		Scale	Duration	
		Year	Month	Date	Year	Month	Date			

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
Sports			
	Subject	Leve	1
Other Certificates			
	Positions	Professional Body/Soc	iety//Organization
Positions held in Professional Body/Societies/ Organizations/etc.			
Achievements			

Name	Designation	Address	Contact No: Email Address
1.			
•			
am aware that if any	of these particulars are fection and to be dismisse	found to be false or ina	on are true and accurated accurate, I am liable to be sation if the inaccuracy is
)ate:			

For Internal Applicants Only.	
Secretary, University Grants Commission.	
	I forwarded. I certify that the particulars given in numbers rect according to the applicant's personnel file and if he / she is can be / cannot be released.
Remarks if any:	
	Vice-Chancellor/Secretary/Registrar Rector/Director/SAS/Personnel/UGC
	Institute:
Date:	

For public Se	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 is application are correct according to the applicant's personnel file and if he / she is he 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