

UNIVERSITY OF PERADENIYA SRI LANKA

FORM OF APPLICATION

Post	Applied	For: POST C	F INTERNA	L AUDITOR			
Category of eligibility: (Please <u>underline</u> the category you wish to apply for this post)							
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
1.	[If regi		ent in a Universi	Miss [Underline ity under any other any other any other and other	_		
2.		l Address hange should be	e communicated	immediately]			
3.	Conta	act Telephon	e No.		E-M		
4.		of Birth & A		e]			
5.	Natio	nality					
6.	Civil	Status					
7.	[State	her Citizen of whether by description give	ent or by registr				

date of certificate of citizenship]

8.	Educational Qualification	S [Please o	attach copi	es of all relevant certific	ates]
	University Education Degree/Diploma, etc. & Name of the University	<u>From</u>	To	Course Followed	Date of Final Exam & Results [Give Class /Grade]
9.	Special Qualifications [Professional, etc. – Please attack	ch copies o	of all releva	nt certificates]	
10.	Postgraduate Qualification [State whether by course work of relevant certificates]		ı, duration	and effective date – Pled	ase attach copies of all

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 - Please attach copies of relevant certificates]
13.	Proficiency 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 -
	[Please attach copies of service certificates]

	(b) Previous Employme [Please attach copies of			h dates :	and periods
	Department/ Institution	Post	From	<u>To</u>	Reasons for Leaving
	(c) Experience, if any [Please attach copies of so	ervice certificates	:]		
	(d) Particulars of Bond if any:	Obligations to	Higher Education	nal Insti	itutions/Institutes
	(i) Obligatory Per (ii) Amount Due	iod : :			
5.	Commendations/Punishm Educational Institution [A		_ •		-
6.	Extra Curricular Activi	ities [Please atta	uch copies of all rele	evant ceri	tificates]
7.	Any other relevant part [Not included above - Please		all relevant certifica.	tes]	

	Name and Post	Postal Address, Email Address & Contact No.			
	1.				
	2.				
19.	Where a period of experience is a requirement for the post applied, state period of such experience with details:				
20.	I am aware that if any of these p	lars submitted by me in this application are true and accurate. particulars are found to be false or inaccurate, I am liable to be d to be dismissed without any compensation if the inaccuracy			
20.	I am aware that if any of these p disqualified before selection an	particulars are found to be false or inaccurate, I am liable to be			
20.	I am aware that if any of these p disqualified before selection an	particulars are found to be false or inaccurate, I am liable to be			
20.	I am aware that if any of these p disqualified before selection an is detected after appointment.	particulars are found to be false or inaccurate, I am liable to be d to be dismissed without any compensation if the inaccuracy			
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21.	• [TO BE COMPLETED BY THE HEAD OF THE DEPARTMENT WHERE APPLICAL					
	(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.				
		Date	Signature of Head of Department			
	Not	<u>ee</u> : If space not sufficient to enter the details u attach to the end.	nder each column use a separate sheet and			