

## UNIVERSITY OF PERADENIYA SRI LANKA

## FORM OF APPLICATION

Post Applied For: POST OF FARM MANAGER GRADE III				
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.	E-Mail -  Contact Telephone No.  Fax No			
4.	Date of Birth & Age [Please attach copy of Birth Certificate]			
<b>5.</b>	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.	Educational Qualifications [Please attach copies of all relevant certificates]					
	University Education Degree/Diploma, Name of the University	etc. &	<u>From</u>	<u>To</u>	Course Followed	Date of Final Exam & Results [Give Class /Grade]
9.	Special Qualif [Professional, etc.		ttach copies o	f all releva	int certificates]	
10.	Postgraduate [State whether by relevant certificat	course wor	t <b>ions</b> k or research	, duration	and effective date – Ple	ease 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]

-	Department/ Institution	<u>Post</u>	<u>From</u>	<u>To</u>	Reasons for Leaving
(	(c) Experience, if an	y			
	[Please attach copies		s		
					_
(	(d) Particulars of Bo	nd Obligations to	Higher Education	nal Insti	tutions/Institutes
	if any:	8	<b>g</b>		
	if any:				
		Period:	<b>-</b>		
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	Name and Post	Postal Address, Email Address & Contact No.
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	2.	
19.	Where a period of experience of such experience with deta	ce is a requirement for the post applied, state period ails:
<b>20</b> .	I am aware that if any of these p	articulars 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 and	articulars 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 and	ars submitted by me in this application are true and accurate. articulars are found to be false or inaccurate, I am liable to be d to be dismissed without any compensation if the inaccuracy  Signature of Applicant
220.	I am aware that if any of these p disqualified before selection and is detected after appointment.	articulars 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 APPLICA						
	(a)	Is the applicant on probation?	Yes / No				
	<b>(b)</b>	Was any disciplinary action taken against the applicant?	Yes / No				
	(c) I recommend/ not recommend the application.						
		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.						