MINISTRY OF EDUCATION STATE MINISTRY OF SKILLS DEVELOPMENT, VOCATIONAL EDUCATION, RESEARCH AND INNOVATION

CITY UNIVERSITY, KEGALLE CAMPUS

APPICATION FOR THE POST OF ASSISTANT REGISTRAR

POS	T APPLIED	FOR:			
01	Name in	Full: Mr./Ms.			
02	Name W	/ith Initials:			
03	Permane	ent Address:			
04	Tel:		Mobile:		
	Fax:		E-mail:		
05	National	Identify Card No:			
06	Date of I	Birth:	Date:	Month:	Year:
07	Age as a	t closing date of Application:	Years:	Months:	Days:
08	Civil Stat	cus:			
09	Citizensł				
10	Details c	of School Education			
	(i)	G.C.E (O/L)	Year:	Index No:	

(II) G.C.E. (A/L)	Year:	Index No:		
	Subjects	Results	Subjects	Results

11 Higher Educational Qualifications [First Degree and Postgraduate degree(s)

University/ Institution	Degree	Class	Special or General Degree	Main Subject/ Subject	From -To	Effective date of Degree

12 Professional Qualifications/Charted Corporate Memberships etc.

University/ Institution	Examination Passed	Specialization	Year of Passing

13 Certificates (if any)

Course/Certificate	Field	Name of the Institution /University	Year	

- 15 Research & Publications, if any (if Space is insufficient, please use Separate sheet)

•••••	

16	Current Emp	oloyment	Records									
	Designation II		nstitution Brief Descrip			scriptio	ption of		Time Period			
				Duties					From DD/MM/ YYYY		To DD/MM/YYYY	
								<u> </u>				
17	Previous wo	rking Exp	perience	(Star	ting with p	resent	oositio	n ar	nd contin	ue in r	everse o	order)
	Designat	Institutio	on	Brief Description of			Time Period					
				Duties			From DD/MM/ YYYY		To DD/MM/ YYYY			
18	Proficiency i	n Langua		se M Nritt		n the re	levant	cag		Spoken		
	Language	Very	Good		isfactory	Week	Very	,	Good	· · · · · · · · · · · · · · · · · · ·	factory Week	
	Language	Good			islactory	WEEK	Good					
	Sinhala											
	Tamil											
	English											
	Other											
19	Computing & Information Technology											
	Qualifi	ication		Institution			Year		Skills gained		ned	
20	Name of two	o person	s (with ac	dres	ses and co	ontact n	umber) to	whom r	eferend	ce can b	e made:
	Name					Ado	Address					
	1											
	Tel.No E-mail 2					•••••						
						 Fax						
						••••		•••••				
						 Ге			•••••			
	Tel.No E-mail:					Fa	x	•••••				
	L-IIIaII											

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 ofis recommended /not recommended and forwarded herewith. If he / she is selected for the said post 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.							