For Office Use	

GENERAL SIR JOHN KOTELAWALA DEFENCE UNIVERSITY <u>APPLICATION FORM</u>

		NIC No.						
APPLIED	POST :							
FACULTY	/ DEPARTMENT :							
1.	Name (In block letters)							
	a. Full name							
	b. Name with initials: Mr / Ms.:							
2.	a. Permanent Address:							
	b. Tel: Res. No. :							
	d. Skype ID:							
3.	Date of Birth: Year Month Date 4. Age: (As at closing	ng dat	e)	Years	S	Months	Da	ays
5.	Civil Status Married Single 6. Sex:	Mai	le	F	ema	le		
7.	Sri Lankan Citizenship: By Descent By Registrati	ion						
8.	Schools Attended:		_					

					7	Sinhala amil English			
10.	Educational Qualificat	ions	:						
	a) GCE (O/L) Examinat	ion			(b) GCE	(A/L) Exa	mination		
Name of t	he School:			Name of the	School :				
Index No:		Year	·	Index No:			Year :		
	Subject		Grade		Suk	oject		Grade	
(Attach	Copies of Certificates)			1				I	
11.	Vocational Level Qua	lificat	ions Diplor	ma & Certific:	ates:				
• • • •	voodional Eover Qua	T		TIA & COTTITION			Subjects		
	University/Institution	Dip	loma/Certifi	cate Course	Per	iod	followed ar	nd _	Results
	• · · · · · · · · · · · · · · · · · · ·	- 4			From	То	the effectiv date	е	
12.	Other Qualifications, i	f any							
12.	Other Qualifications, i	f any							
12.	Other Qualifications, i	f any							
12.	Other Qualifications, i	f any							
12.	Other Qualifications, i	f any							
12. 	Other Qualifications, i	f any							

Highest Examination passed in the following Languages:

9.

	Place of work	Designation & nature of work			Salary draw	n	Period of stay		
	Place of work	assigned			per month		From	То	
Э.	Previous Occupa	ation/s: (if space is in	sufficient,	pleas	se use a se	eparate	sheet)		
	Place of work	Designation & Salary drawn		Period o	of stay	Bosson for Lagring			
	Place of work	nature of work assigned	per mo	nth	From	То	Reason for Leaving		
	Extra Curricular	Activities:							
	zara camediar	, 10							
_				rolot	ed referee	s:			
L	Names, occupat	ions and addresses o	of two nor	relati					
			of two nor				Contact N	0	
	Names, occupat	Address	of two nor		cupation		Contact N	О	
			of two nor				Contact N	0	
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16. Certification by Applicant

I hereby certify that the particulars submitted by me in this application form are true and accurate. I am aware that if any of these particulars are found to be false or inaccurate, I am liable to be

disqualified before selection and to be dismissed without any compensation, if the inaccuracy is detected after appointment.

Further, I have enclosed copies of following documents. (Please put " $\sqrt{}$ " mark) A. Educational Qualifications B. Other Certificates

A. Educational Qualifications	D. Other Certificates
1. O/L	1
2. A/L	2
3. Diploma	3
C. Service Certificates	
Date :	Signature of Applicant
17. To be completed by the present emplo	oyer (If any)
Applicant can/ cannot be released, if selected	d for appointment.
Any Special Comments :	
	Signature
Name :	
Designation:	
Date :	

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1 Of Office 03e		
Date Received		
Eligibility	Yes	No
If No, Reasons		
Registrar/Senior Assistant Registrar (Establishment)		
Comments of Head/Dean		