For Office Use	

GENERAL SIR JOHN KOTELAWALA DEFENCE UNIVERSITY APPLICATION FORM

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				KD)U -	Rat	mala	na			
				So	uthe	ern C	Camp	us -	Soor	iyawewa	
										NIC No.	
APPLIED I	POS	Т									
Name (In	bloc	ck letters)									
	a.	Full name									
	b.	Name with initials: Mr / Ms.:									
2.	a.	Permanent Address:									
	b.	Tel: Res. No. :		N	/lobil	le No). :.				
	c.	E-mail:		Fa	эх:.						
	d.	Skype ID:									
3.	Da	te of Birth: Year Month Date		I. Ag				<u></u>	Years	Months	Days
			(As a	at clo	sing	date				
		wil Status Married Single				Γ	Male	<u> </u>	Fen	nale	
5.	Ci	vil Status Married Single	6	S. S	Sex:		iviaic		I CI		
7.	Sr	i Lankan Citizenship: By Descent	Ву	/ Re	gistr	atior	ו]			

9.	Highest Examination	passed ir	the fo	llowing Lang					
						Sinhala			
						Tamil English			
						Liigiisii			
10.	Educational Qualification								
	a) GCE (O/L) Examinat					(A/L) Exa			
	he School:								
lex No:	Cubicat	Year :		Index No:			Year :		
	Subject	G	rade		Sui	bject		Gra	ide
(Attach	Copies of Certificates)								
11.	Vocational Level Qua	lifications	Diplor	ma & Certifica	ates:				
					Pei	riod	Subjects followed ar	24	
	University/Institution	Diploma	a/Certifi	cate Course	From	То	the effectived are	ctive R	
	(A); 10 : (0 ::"								
	(Attach Copies of Certificate								
12.	Other Qualifications, i	f any							

8.

Schools Attended:

	Place of work	Designation & nature	of work	Salary drawn			Period of stay		
	. 1000 01 110111	assigned			per month		From	То	
ļ						I			
				_					
b.	Previous Occupa	ation/s: (if space is in	sufficient	, pleas	se use a s	eparate	sheet)		
	Discontinui	Designation &	Salary d	rawn Period of stay		of stay	D (
	Place of work	nature of work assigned	per mo		From	То	Reason to	or Leaving	
		acoignou							
	(Attach Copies of Certi	ficates)							
14.	Extra Curricular Activities:								
15.	Names, occupat	ions and addresses o	of two nor	n relate	ed referee	s:			
j	Name	A dalua a a		10-			Cantast	<u> </u>	
	Name	Address		Occ	cupation		Contact N	10	

Present Occupations: (if space is insufficient, please use a separate sheet)

13.

a.

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 " √ " mark)

A. Educational C	Qualifications	B. Other	Certificates
1. O/L		1	
2. A/L		2	
3. Diplom	na 📗	3	
C. Service Certifi	icates	D. Birth (Certificate
Date :			Signature of Applicant
17. To be comple	eted by the present employer	r (If any)	
Applicant can/ cann	ot be released, if selected for ents :	appointme	ent.
		•••	Signature
Name :			
Designation:			
Date :			
For Office Use			
Date Received			
Eligibility	Yes		No
If No, Reasons			
Registrar/Senior Assistant Registrar (Establishment)			
Comments of Head/Dean			