

UNIVERSITY OF COLOMBO

SRI LANKA.

FORM OF APPLICATION – TEMPORARY INSTRUCTOR

Department of Information and Communication Technology Faculty of Technology

| | | | | |
|--|------|----|------------------------------------|-------------------------------------|
| 1. Name in Full: Underline Surname (see note (I) below) | | | | |
| 2. Whether Mr./Mrs./Miss | | | NIC No: | |
| 3. Postal Address: (any change should be communicated immediately) | | | | |
| 4. Telephone Number & e mail address (if available) | | | | |
| 5. Date of Birth & Age: | | | | |
| 6. Academic/Professional Qualifications | From | To | Course followed (with subjects) | Results (give Class or Grade) |
| | | | | |
| 7. Any other academic distinctions, Scholarships, Medals, Prizes, etc. (indicate the institution from which such awards have been obtained) | | | | |

Note (I): If you were registered as a student in a University under any other name, please indicate such name within brackets.

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|--|-------------|-------------|-----------|
| 8. (a) Present occupation, place, date of appointment: | | | |
| (b) Experience: <u>Department / Institution</u> | <u>Post</u> | <u>From</u> | <u>To</u> |
| 9. Publications: | | | |
| 10. Extra-curricular activities: | | | |
| 11. Any other: | | | |

12. I hereby certify that the particulars submitted by me in this application 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.

Date:

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Signature of Applicant