

SABARAGAMUWA UNIVERSITY OF SRI LANKA PO Box 02, Belihuloya 70140, Sri Lanka. Tel - 045-2280087, 045-2280015 (Fax)

SU/ES/form 08(i) (Revised)

APPLICATION FOR ACADEMIC POST

Pos	t applied for :	•••••			•••••	•••••	•••••		
Fac	culty:	•••••		Department:					
Dis	scipline/Subjec	t Area:							
01.	Name with initia	als (Rev./Dr./	/Mr./Mrs./Miss)				·····		
02.	Name denoted b	y the initials:					••••		
03.	Permanent Addr	ess:		04. Address for Correspondence:					
			••••••			•••••	•••••		
	······								
_	NIC Number:			o6. Nationality:	•••••		••••		
			nka by Descent : Yes/No	0					
	If by Registratio Gender:		oo Civil Status						
	Date of Birth:			09. Civil Status:					
	Contact Telephor		•••••••	11. Age:	•••••	••••••	••••		
	Office:			Home:					
				E-mail:					
13.		ation (give all	details in respect of the						
	University	Study period (from –to)	Title of the Degree/Diploma	Principal subject	Class Obtained	Year	Annex No.		

14.	Details of	Details of Professional Qualifications (Please annex copies of certificates):								
	Name & address of the Professional body		Field of the professional study /training		Title of the Professional qualification		Study period (from –to)		Year of award	Annex No.
15.	certificate	<u>es</u>).				recent one (Pleas	se ann			service
	Period Organization		Position		Nature of duties		Reason for leaving			Annex No.
16.		academic dis rofessional tra		ich as Scholar	ships	Prizes, Gold Med	dals et	cc, rece	ived duri	ng the

7. Details of research and pub	olications (If the space	provided is insufficient a	attach a separate sheet):				
8. In your choice of the disciplevel:	In your choice of the disciplines indicate the areas that you can undertake teaching at Undergradulevel:						
	Language skills (indicate the level of your proficiency in the appropriate cage using one following letters A,B,C and D as per given below): Languages Reading Writing Conversation						
	reduing	Willing	Conversation				
Sinhala Tamil							
English							
Others (Specify)							
A- Fully competent B - Moderately competer	nt	C- Can Manage with difficulty D- Not competent					
o. Secondary Educations:							
Period	School		Examinations passed				
1. Extra-Curricular activities School Level	: Give details						

	University Level						
	National Level						
22.	Any other information that you consider as supp	portive of you application:					
23.	Names positions and Addresses of two non – rel	ated referees:					
	Ι	II					
24.	Declaration by the applicant:						
	I certify that the information furnished in this application is true and correct to the best of my knowledge. I am aware that if any information contained in this application is found to be incorrect after my being selected, my appointment is liable to be cancelled without any compensation.						
	Date	Signature					
25.	Observations of the present employer: (Those in employment should forward their application)	on through their present employer)					
	I recommend/ not recommend this application. The applicant will be released from his present employment, if he/ she is selected for this appointment (<i>Delete the inapplicable words</i>)						
	Date	Signature of the Head of the Institution (Office stamp to be affixed)					