University of the Visual and Performing Arts Form of Application (Only for Lecturer Posts)

Post and the Subject Applied for	
Department	

01.Name in Full			
02 Whether Mr. /Mrs. /Miss.			
03. Postal Address & Telephone No. (Any changes should be communicated immediately)		T	el No
04. Date of Birth	Age as at closing Years Months	date of Applicat	ion
05. Civil Status	06. National Ider	ntity Card No.	
Married Unmarried			
07. State whether Citizen of Sri Lanka by 1 (If by Registration; Give Registration No		ation.	
08. University Education			
Name of the University.	Whether Special Degree or General Degree?	Extra Subjects	Effective Date and Results (Give class or Grade)
	Subject Specialized		

09. Completed Post Graduate	
<u>Qualifications</u>	
(1) Name of the Post Graduate	
Degree :	
(2) Duration :	
(3) Effective Date :	
(4) Weather it is with Research or	
without Research?	
(5) Study Field :	
10. Any other Academic Distinctions,	
Scholarship, Medals, Prizes,	
Obtained at University Level (Indicate the institution from	
which such awards have been	
obtained)	
11. Present Occupation, Place of Work	
& Salary Drawn (State whether	
basic or Consolidated)	
12. Experience Gained after Obtaining	
the Degree as Required by the	
Scheme of Recruitment	
13. Any other Special Qualifications	
Relevant to the requested post	
14 Particulars of Pond Obligations to	
14. Particulars of Bond Obligations to Higher Educational Institutions/	
Government	
I). Obligation Period with	
II). Amount Due	
15. Extra-Curricular Activities	

16. Names of Two Non-Related referees with Addresses	

I certify that all particulars given by me in this application are true and accurate. I am aware that if any particulars are found to be false or inaccurate prior to my selection, my application will be rejected and that if particulars are found to be false or inaccurate after my selection, I will be dismissed from service without compensation.

Date	Signature of Applicant
qòny	

Certificate of the Head of the Department:

Application for the post of submitted by is forwarded herewith. If he/she is selected for the said post he/she can/cannot be released.

Signature of the Head of Department

:

:

:

Name :

Designation

Date

Seal

Note: Applicants from Public Service / Corporations/ Statutory Boards/ University System should forward their applications through Heads of respective institutions with an endorsement to the effect that he/she would be released if selected.