



Uva Wellassa University of Sri Lanka

Application Form for the Non – Academic Staff

Application for the Post of

01. Name with initials (Mr/ Mrs/ Ms):

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02. Name denoted by initials:

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03. Permanent Address:

04. Temporary Address if any:
(For Correspond)

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05. Telephone No:

06. Email Address:.....

07. Date of Birth

08. NIC No:

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09. Gender:

10. Civil Status:

11. Age as at closing date of application: Year:Month:Date:

12. Nationality:

13. State whether citizen of Sri Lanka by Descent or Registration. (If by Registration, give Registration No.)

14. Educational Qualifications:

a) G.C.E. (O/ L): (Please attach the copies of the certificates)

	1 st Attempt		2 nd Attempt	
	Year:		Year:	
	Subjects Passed:	Grade:	Subjects Passed:	Grade:
01.				
02.				
03.				
04.				
05.				
06.				
07.				
08.				
09.				
10.				

b) G.C.E. (A/ L): (Please attach the copies of the certificates)

	1 st Attempt		2 nd Attempt		3 rd Attempt	
	Year:		Year:		Year:	
	Subjects Passed:	Grade:	Subjects Passed:	Grade:	Subjects Passed:	Grade:
01						
02						
03						
04						

c) University Education (Degree, Diploma, etc.: (Please attach the copies of the certificates)

University/ Higher Education Institute	Period	Course followed	Subjects	Class	Effective Date

15. Professional Qualifications: (Details with the date of obtaining such qualifications)

Institute & Address	Professional experience & qualifications	Year

16. Highest Examination passed in Sinhala/ English:

Sinhala:

English:

17. Where a period of experience is a requirement for the post applied, state periods of such experiences:

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18. Competence in Typewriting/ Competence in Short- hand: (if only applicable)

Typewriting: Medium: Speed (W.P.M.):

Short-hand: Medium: Speed (W.P.M.):

19. Present Occupation: (if applicable)

(a) 01. Post:

02. Date of appointment to such post:

03. Whether confirmed in the present post:

04. Place of work:

01. Salary Scale of the Post:

02. Present Salary: (a) Basic:

(b) Allowances:

(b) Previous appointments including those under training, if any, with dates:

Department/ Institute	Post	Salary Scale	Period (From - To)

20. Any other Particulars (If not enough this row, please annexed an attachment herewith)

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21. Declaration of Applicants:

I certify that all particulars stated by me in this application are true and correct. 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 any particulars in this application are found to be false or inaccurate after my selection, I will be dismissed from service without any compensation.

.....
Date

.....
Signature of applicant

NOTE: Applicants in the service of Government, Corporations or Statutory Boards should forward their applications through the Head of the Institution concerned.

22. Forwarded:

I certify that the particulars given in columns 01 to 21 of this application are correct according to the applicant's personal file. He/ She could be released/ could not be released from this institution if selected for appointment.

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Date

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Signature of Head of the Dept. / Institution

Rubber Stamp