**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)  8. (a) Present occupation, place, date of  appointment: |  | | | | |
| (b) Experience:  Department / Institution | Post From To | | | | |
| 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: ..................... ......................................

Signature of Applicant