**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