

**UNIVERSITY OF RUHUNA
FORM OF APPLICATION**

Post:**Department:**

Full name of the applicant:

Name with initials:

Identify card number:

2. i. Gender

Reverend

Male

Female

ii. Civil Status

Married

Unmarried

3. Present Postal Address:

Permanent Address:

E mail:

T'phone No. (**important:** Pl. mention your current operative number/s.):

4. Date of Birth

Age as at closing Date

| Year | Month | Date |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| Year | Month | | Date |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

5. Citizenship

By descent

By Registration

6. Education Schools attended

| Name of the School | From | To |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | |
|--|--|--|
| | | |
|--|--|--|

7. University Education

| Name of the University | From | To | Degree Course followed with Subjects | Class or Grade | Effective date of the degree |
|------------------------------|------|----|--------------------------------------|----------------|------------------------------|
| | | | | | |
| Postgraduate Degrees/Diploma | | | | | |

(please attach copies of degree certificates obtained.)

8. (i) Professional/Special Qualifications and Experience

(ii) Research & Publications

9. Employment record

| Post held | Institute | From | To | Number of month | Last drawn salary |
|-----------|-----------|------|----|-----------------|-------------------|
| | | | | | |

One of the referees should be either the Professor or a Senior Lecturer of the Department of study in which the applicant had his/her University education or the Head of the Institution in which the candidate works.

- 15. I hereby certify that the particulars submitted by me in this application are true and accurate. I am aware that if any of particulars are found to be false or inaccurate. I am liable to disqualified before selection and to be dismissed without any compensation, if the inaccuracy is detected after appointment.

.....
Date

.....
Signature of Applicant

For Public Service/Corporations/Statutory Boards Candidates only

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 the Institution

Name

Designation

Date

Seal

(N.B. When applying for several posts, each post should be applied for separately)