UNIVERSITY OF COLOMBO

SRI LANKA.

FORM OF APPLICATION

POST				
DEPARTMENT	•••••			
1. Name in Full : Underline Surname (see note (I) below)				
2. Whether Ven./Rev./Mr./Mrs./Miss	NIC No:			
3. Postal Address: (any change should be communicated immediately)				
4. Telephone Numbers & e mail address	Office: Mobile No: E mail address:			
5. Date of Birth & Age:				6. Civil Status :
7. Whether Citizen of Sri Lanka: (state whether by descent or by registration: if by registration, give reference number & date of certificate of citizenship)				
8. Education - Schools attended (i). (ii). (iii). (iv).	From		То	
9. University Education: (Degrees, Diplomas etc.) University (see note (II) below)	From	То	Course details* (with subjects)	Results (give Class or Grade)

Note (I): If you were registered as a student in a University under any other name, please indicate such name within brackets. Note (II): State Index Number if known and Campus.

* State whether the degree followed, special or general. If a special degree, mention the specialized subject.

10. Postgraduate qualifications & dates of obtaining same :	
11. Any other academic distinctions, Scholarships, Medals, Prizes, etc. (indicate the institution from which such awards have been obtained)	
12. Research & Publications, if any: (if space is insufficient, please use separate sheet of same size.)	

13. Highest Examination passed in Sinhala/Tamil:			
14. (a) Present occupation , place, date of appointment and basic salary drawn:			
(b) Previous appointments, if any, with dates : Department / Institution	<u>Post</u>	<u>From</u>	<u>To</u>
15. Extra - Curricular activities :			
16. Any further relevant particulars : (not included above) :			

17.	In the event of being selected please
	indicate the latest date on which you
	would be able to assume duties

18. Names of two persons (with addresses) to whom reference can be made :		Address			
	 Tel. No: e-mail :	Fax No:			
	2				
	Tel. No: e-mail:	Fax No:			
19. 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:		gnature of Applicant			
Recommendation of the Head of the I	nstitution ernment Departments and Government Corp	porations)			
I recommended and forwarded herewith post and agree/ do not agree to release h					
Date:	He	ead of the Institution			