



SOUTH EASTERN UNIVERSITY OF SRI LANKA

FORM OF APPLICATION

Post:

1. Name in Full :

.....

Name with initials :

(Rev./ Mr./ Ms/ Dr/ Prof)

2. i. Sex: Male Female

ii. Civil Status: Single Married

3. Postal Address: Permanent Address:

.....

.....

.....

Telephone No.:..... Telephone No.:.....

e-mail e-mail:

4. Date of Birth Age at Closing Date

Year	Month	Date

Years	Months	Days

5. Citizenship: By Descent By Registration

6. National Identity Card No:

7. Education Schools Attended:

Name of School Attended	From	To

8. University Education: First Degree/ PG Degree (attach copy of certificate)

Name of the University	Duration		Course followed with Subjects (Special/ General)	Results (give class or grade with effective date)
	From	To		

9. Other Diploma, Membership, Fellowships etc. (attach copy of certificate)

Institute	Diploma etc.	Year

10. Professional Qualifications: (attach copy of certificate)

Institute	From	To	Examination passed or Degree obtained etc

11. Language Proficiency (Please tic ✓):

Language	Ability to Work				Ability to Communicate			
	Very good	Good	Fair	No Knowledge	Very good	Good	Fair	No Knowledge
Sinhala								
Tamil								
English								

15. Other relevant particulars:

16. Two non related Referees:

	<u>Name</u>	<u>Designation</u>	<u>Address</u>
(i)

(ii)

Note:- One of the referees should be the Head of the Institution in which the candidate works.

17. Paste the cash receipt properly here

<p>(Paste the receipt here securely) (It would be advisable to keep a photocopy of the receipt with the candidate)</p>
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18. 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 be disqualified before selection and to be dismissed without any compensation, if the inaccuracy is detected after appointment.

Date:.....

.....
Signature of Applicant

ATTESTATION

I hereby certify that Mr./ Mrs./ Ms.
who submits this application is known to me personally, that he/ she has paid the prescribed
examination fee and affixed the relevant receipt herein. He/ She placed his/ her signature in my
presence on

.....
Date Signature of the Officer attesting the Signature

Name in full of the Officer Attesting the Signature:

.....

Designation :

Address :

(Official Stamp)

For Public Service/ Corporation/ Statutory Board Candidates Only

Application for the post of

Submitted by

is forwarded hereby. If he/ she is selected for the said post he/ she can be / cannot be released.

.....
Signature of the Head of the Department

(Official Seal)

Name :

Designation :

Date :

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



SOUTH EASTERN UNIVERSITY OF SRI LANKA

FORM OF APPLICATION FOR NON-ACADEMIC POST

POST APPLIED FOR

1. Personal Information

1.1 Full Name

1.2 Name with Initial/s

(Whether Mr./Mrs./Miss)

1.3 Date of birth

1.4 Age

1.5 Sex

1.6 Civil Status

1.7 a) Address
i. Postal

ii. Private

b) Telephone Number

c) Fax Number

d) Email Address

1.8 Whether Citizen of Sri Lanka

Yes

No

1.9 National Identity Card No.

2. Educational Record

2.1

(Attach copies of the relevant document)

School attended	From	To	Last Class passed

2.2 G.C.E. (O/L) Exam Results

G.C.E. (A/L) Exam Results

(Attach copies of certificates)

Year	Subject	Grade

Year	Subject	Grade

2.3 University/ Post Graduate Education (Degree, Diplomas, Etc)

(Attach copies of certificates)

Degrees/Diplomas	Class	University	Date of Commencement	Effective Date	Duration

2.4 Professionals Qualification

(Attach copies of certificates)

6. Other relevant Particulars/ Computer awareness

7. Paste the cash receipt properly here

(Paste the receipt here securely)
(It would be advisable to keep a photocopy of the receipt with the candidate)

I do hereby certify that the above particulars submitted by me are true and accurate. I am aware that if any of the particulars are found to be false or inaccurate, I am liable for disqualification or dismissal without any compensation if the inaccuracy is detected after appointment.

Date:.....

.....
Signature of Applicant

ATTESTATION

I hereby certify that Mr./ Mrs./ Ms.
who submits this application is known to me personally, that he/ she has paid the prescribed examination fee and affixed the relevant receipt herein. He/ She placed his/ her signature in my presence on

.....
Date

.....
Signature of the Officer attesting the Signature

Name in full of the Officer Attesting the Signature:

.....
Designation :

Address :

(Official Stamp)

To be completed by the present employer (if any)

Applicant can / cannot be released, if selected for appointment.

Any special comments:

.....
Signature of the Head of Dept.