### **UNIVERSITY GRANTS COMMISSION**

## FORM OF APPLICATION

		the name of the post			adverti	seme	ent)						
<b>01.</b> (a	a) Nam	e with initials	:										
<b>(b)</b>	Names	s denoted by Initials	:										
02.	Whe	ther Rev./Mr./Mrs./	Miss	: [							 	 	
03.	(a) I	Postal Address		:									
	(Any change should communicated imm												
	(b) (	Contact Telephone	No.	:									
	(c) E	-mail Address :											
04.	Natio	onal Identity Card	No.	:									
05.	(a)	Date of Birth		:	Yea	ar	Mo	onth	D	ate	 	 	
	<b>(b)</b>	Age as at the clos	ing date	:	Yea	nrs	Mo	onths	D	ays			
06.	Civil	Status		:							 	 	
07.	(a)	Whether Citizen (State whether by registration) if by give reference nu- of certificate of ci	y decent of registrate mber & c	or by tion, late	:						 		

	<b>(b)</b>	Whether you have been convicted for a civil or criminal case previously :											
		If 'Yes' state further informatio on the same	o <b>n</b> :										
08.	Race (State	: whether Sinhala, Tamil, person o	of India	ı Ori	gin or M	uslim)							
09.	Educa	tion :											
		Schools Attended			From			То					
-		Schools Attended	Y	Year	Month	Date	Year	Month	Date				
	1.												
	2.												
	3.												
j	4.												
	5.												

### 10. Qualifications

(Qualifications should be obtained as at the closing date of the applications. All qualifications to be considered should be indicated in the application and the certified copies of certificates should be attached to the application)

### (a) University Education:

Degrees/Diplomas	Class	University		Date of Commencement			Effective Date			
			Year	Month	Date	Year	Month	Date		
1.										
2.										
3.										
4.										

# (b) Professional Qualifications:

Institution	Qualifications Obtained		Date o		Е	ffective Date		Duration
Histitution	Qualifications Obtained		Year Month Date		Year Month Date			Duration
1.		Tear	Wonth	Date	1 Cai	Wolter	Date	
2.								
3.								
4.								
5.								

## $(C) \ \ Postgraduate \ Qualifications:$

Postgraduate	University	By Course or	Cor	Date of Commencement			Effective Date	Duration (Prescribed	
Degree/Diploma	Oniversity	By Research	Year	Month	Date	Year	Month	Date	period of Registration
1.									
2.									
3.									
4.									
5.									

## (d) Training/Workshops attended:

(Attach copies of certificates)

Institution	Name of the Training Programme/Workshop		From			То	Duration	
montation		Year	Month	Date	Year	Month	Date	Duration
1.								
2.								
3.								
4.								

IT rela	IT related Training/Workshops								
	Institution	Name of the Training Programme/Workshop	From				То	Duration	
			Year	Month	Date	Year	Month	Date	_ *******
1.									
2.									
3.									
4.									

	4.										
11.	Any other academic distinctions scholarships, medals, prizes etc.: (indicate the Institution from which such awards have been obtained) (Attach copies of certificates)										
12.		ch & Publication ce is insufficient,	-	: e separate shee	t of sa	ame siz	e)				
13.	O	 lest examination ala/Tamil	passed in	: :							
14.	(a)	Present Occup	oation :								
		1. Post			:						
		2. Date of app	ointment t	o such post	:						
		3. Whether co	nfirmed in	the present po	st:						
		4. Place of wor	rk with the	e Address	:						
		5. Salary Scale	e of the pos	st	:						
		6. Present Sala	ary	a. Basic Sala	ary:						
				b. Allowance	es :						

(b) Previous appointments if any, with dates: (Attach copies of service certificates)

Department/			Perio	Salary	Reason for			
		From		To			Scale	Cessation of Employment
	Year	Month	Date	Year	Month	Date		Employment
	Department/ Institution	Institution	Institution From	Institution From	Institution From	Institution From 10	Institution From To	Institution From To Scale

15.	(a) Period of experience gained as at	the closing date of Applications
	relevant to the post applied	:

Years	Months	Days

<b>(b)</b>	If you have obtained no-pay	y leave during this period, state reasons and
	the period of such leave	:


16. Extra Curricular activities : (If space is insufficient, please use separate sheet of same size)

	Event	Achievements	Level
Sports			

	Subject	Level
Other Certificates		
Positions held in Professional Body/Societies/ Organizations/etc.	Positions	Professional Body/Society//Organization
Achievements		

\_\_\_\_\_

### 17. (Names of two non related referees with addresses and Contact Nos.)

Name	Designation	Address	Contact No: Email Address
1.			
2.			

I do hereby certify that 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

For Internal Applicants Only.

Secretary, University Grants Commission.		
01 to 14 of th	is recommended and forwarded. I certify that the particulars given in numbers his application are correct according to the applicant's personnel file and if he / she is he said post he / she can be / cannot be released.	
Remarks if a	nny:	
	Vice-Chancellor/Secretary/Registrar Rector/Director/SAS/Personnel/UGC	
	Institute:	
Dato		
Date		
For public So	ervice/ Corporation/ Statutory Board Candidates only	
Secretary, University Grants Commission.		
Application is recommended and forwarded. I certify that the particulars given in numbers 01 to 14 of this application are correct according to the applicant's personnel file and if he / she is selected for the said post he / she can be / cannot be released.		
Remarks if a	ny:	
	•••••••••••••••••••••••••••••••••••••••	
	Signature of the Head of the Governing Body & Official Stamp	
Name	<b>:</b>	
Designation	<b>:</b>	
Date	<b>:</b>	