

University of the Visual and Performing Arts

Form of Application (Only for posts advertised for the Library/ Physical Education Unit/Career Guidance Unit)

Post Applied for

–

Centre/Unit

-....

| 01.Name in Full 02 Whether Mr. /Mrs. /Miss. | | |
|---|--|----------|
| 02 whether Mr. /Mrs. /Miss. | | |
| 03. Postal Address & Telephone No. (Any changes should be communicated immediately) | E mail : | Tel No : |
| 04. Date of Birth | Age as at closing date of Appli Years Months Days | ication |
| 05. Civil Status Married Unmarried | 06. National Identity Card No. | |

| 07. State whether Citizen of Sri Lanka by Descent or Registration. (If by Registration; Give Registration No.) | | | | | |
|---|---|----------------|---|--|--|
| 08. University Education | | | | | |
| Name of the Degree and Name of the University | Whether Special Degree or General Degree? | Extra Subjects | Effective Date and Results (Give class or Grade) | | |
| | Subject Specialized | | | | |
| 9. <u>Completed Post Graduate</u> <u>Qualifications</u> | | | | | |
| (I) Name of the Post Graduate Degree : | | | | | |
| (II) Study Field : | | | | | |
| (III) Weather it is with Research or without Research? | | | | | |
| (IV) Duration : | | | | | |
| (V) Effective Date : | | | | | |
| 10. (I) Special Qualifications (Professional etc.) | | | | | |
| 10. (II)Experience in the relevant field | | | | | |

| Present Occupation, Place of Work & Salary Drawn (State whether basic or consolidated) | |
|---|--|
| 12. Previous Appointment if any with dates | |
| Particulars of Bond Obligations to Higher Educational Institutions/ Government | |
| I). Obligation Period with | |
| II). Amount Due | |

| 14. Extra Curricular Activities | |
|---|--|
| | |
| 15. Names of Two Non-Related referees with Addresses | |
| | |

I certify that all particulars given by me in this application are true and accurate. I am aware that if any particulars are found to be false or inaccurate prior to my selection, my application will be rejected and that if particulars are found to be false or inaccurate after my selection, I will be dismissed from service without compensation.

Date

Signature of Applicant

Certificate of the Head of the Institution:

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 Institution

:

Name

| Designation | : | |
|-------------|---|--|
| Date | : | |
| Seal | : | |

Note: Applicants from Public Service / Corporations/ Statutory Boards/ University System should forward their applications through Heads of respective Institutions with an endorsement to the effect that he/she would be released if selected.