

**UNIVERSITY GRANTS COMMISSION**

**FORM OF APPLICATION**

**POST:** .....

(Indicate the name of the post as given in the advertisement)

**01. (a) Name with initials**  
:


**(b) Names denoted by Initials**  
:


**02. Whether Rev./Mr./Mrs./Miss** :

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**03. (a) Postal Address**  
:

(Any change should be  
communicated immediately)


**(b) Contact Telephone No.** :


**(c) E-mail Address :**


**04. National Identity Card No.** :

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**05. (a) Date of Birth** :

Year	Month	Date

**(b) Age as at the closing date  
of applications** :

Years	Months	Days

**06. Civil Status** :

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**07. (a) Whether Citizen of Sri Lanka**  
(State whether by decent or by

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**registration) if by registration,  
give reference number & date  
of certificate of citizenship**

**(b) Whether you have been convicted for a civil or criminal case previously :**

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**If 'Yes' state further information on the same :**

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**8. Race :**

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**(State whether Sinhala, Tamil, person of Indian Origin or Muslim)**

**09. Education :**

Schools Attended	From			To		
	Year	Month	Date	Year	Month	Date
1.						
2.						
3.						
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:**

[illegible]

**(b) Professional Qualifications:**

Institution	Qualifications Obtained	Date of Commencement			Effective Date			Duration
		Year	Month	Date	Year	Month	Date	
1.								
2.								
3.								
4.								
5.								

**(C) Postgraduate Qualifications :**

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

**(d) Training/Workshops attended:**

(Attach copies of certificates)

Institution	Name of the Training Programme/Workshop	From			To			Duration
		Year	Month	Date	Year	Month	Date	

1.								
2.								
3.								
4.								
<b>IT related Training/Workshops</b>								
Institution	Name of the Training Programme/Workshop	From			To			Duration
		Year	Month	Date	Year	Month	Date	
1.								
2.								
3.								
4.								

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11. Any other academic distinctions scholarships, medals, prizes etc.:  
(indicate the Institution from which such awards have been obtained)  
(Attach copies of certificates)

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12. Research & Publications if any :  
(If space is insufficient, please use separate sheet of same size)

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13. Highest examination passed in :  
Sinhala/Tamil

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14. (a) Present Occupation :  
13  
14 1. Post :  
2. Date of appointment to such post :  
3. Whether confirmed in the present post :  
4. Place of work with the Address :

5. Salary Scale of the post :

6. Present Salary a. Basic Salary :

b. Allowances :

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

Post	Department/ Institution	Period of Service						Salary Scale	Reason for Cessation of Employment
		From			To				
		Year	Month	Date	Year	Month	Date		

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

Years	Months	Days

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

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

Sports	Event	Achievements	Level

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

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

Name	Designation	Address	Contact No: Email Address
1.			

2.			
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**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.**

**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 any :**

**Vice-Chancellor/Secretary/Registrar  
Rector/Director/SAS/Personnel/UGC**

**Institute:.....**

**Date:** .....

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**For public Service/ 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 any :**

.....

**Signature of the Head of the  
Governing Body & Official Stamp**

**Name** :.....

**Designation** :.....

**Date** :.....