## APPLICATION FORM FOR UNIVERSITY COLLEGE OF RATMALANA

POST	POST:									
NAM	NAME OF THE UNIVERSITY COLLEGE:									
01	Name in Full :									
02	Name with Initials :									
03	Permanent Address :									
04	Tel : Mobile :									
	Fax : E-mail :									
05	National Identity Card No :									
06	Date of Birth :		Year :	Mor	nth:	Day:				
07	Age as at closing date of Applications : Years : Months: Days:									
08	Civil Status :									
09	Citizenship :									
10	Details of Secondary Education									
	(i) G.C.E (O/L)									
	Name of School/ College	Year	Subjects	Results	s Subjects		Results			
	(ii) G.C.E. (A/L)									
	Name of School/ College	Year	Subjects	Results	Subjects		Results			

	University / Institution	Degree	e (	Class		l or ral ee	Main Subject/ Subjects	From	n-To	Effective date of Degree
<u>!</u>	Professional Qualifi	cations / C	harted Cor	porate	e Membe	ership	s etc.			
	University/ Inst	Examination passed					Year of Passing			
\$	Cortificatos (if any)									
,	Certificates (if any) Course/Certificate		Field			Name of the Institution/ University				Year
ļ	Any other A Scholarships, Meda the Institution from been obtained)			icate						
;	Research & Publications, if any (if space is insufficient, please use separate sheet)									
;	Current Employmer	nt Records							Time	e Period
	Post	Desi	gnation		Institutior		Brief Description of Duties		From (dd/mm /yyyy)	To (dd/m

17	Previous working Experience (Starting with present position and continue in reverse order)											
								Time Period				
	Post	D	Designation		Institution		Brief Description of Duties		From (dd/mm/ (c		To d/mm/ yyyy)	
18	Proficiency in Languages (Please Mark ' $\checkmark$ ' in the relevant cage)											
				Written			_		Spoken			
	Language	Very Good	Good	Satis	factory	Week	Very Good	Good	Satisfacto	ry	Week	
	Sinhala											
	Tamil											
	English											
	Other											
19	Computing 8	& Informat	ion Techno:	ology								
	Qu	alificatior	1		Institution year				Skills gained			
20	Leadership/ experience:	Managem	ent									
21	Extra-Curricu	ılar activit	ies:									
22	Special Skills:											
23	Creativity (in	Creativity (including patents):										
24	Are you unde	Are you under any obligatory National Service (If yes, specify):										
25	If selected, what is the earliest date that you can assume duties:											

26	Names of two persons (with addresses and contact numbers) to whom reference can be made:					
	Name	Address				
	1.					
	Tel. No:	Fax:				
	E-mail:					
	2					
	2.					
	Tel. No:	Fax:				
	E-mail:	107.				
27	I hereby declare that the particulars furnished by m					
	also aware that if any particulars herein are found to if the inaccuracy is discovered before the selection					
	inaccuracy is discovered after the appointment.	and dismissif without any compensation in the				
	Signature of the Applicant	Date				
28	For Public / Corporate Sector Candidates					
	Application for the post of	-				
	is forwarded herewith. If he / she is sel	ected for the said post he/ she can/ cannot be				
	released.					
	Date:					
		Signature of the Head of Institution				
		(Please place official seal of the Head of Institution)				
	Note					
(i)	If the sheets above are not sufficient, please use extr	a sheets, when & where necessary.				
(ii)	Indicate the list of documents attached along with the application form.					
	(a)					
	(b)					
	(c)					
(iii)	Please mark with "" in the relevant cage, if you do	not have something to mention.				