



## SABARAGAMUWA UNIVERSITY OF SRI LANKA PO Box 02, Belihuloya 70140, Sri Lanka. Tel - 045-2280087, 045-2280015 (Fax)

## APPLICATION FOR ACADEMIC POST

Pos	st applied for:							
Fac	culty:			Department:				
Dis	scipline/Subject:							
01.	Name with initia	als (Rev./Dr./	Mr./Mrs./Miss)					
02.		•						
03.	3. Permanent Address:			04. Address for Correspondence:				
0.5					• • • • • • • • • • • • • • • • • • • •			
			 nka by Descent : Yes/N	06. Nationality:				
07.			0					
08.		-		09. Civil Status:				
10.	Date of Birth:			11. Age:				
12.	Contact Telepho	ne No:						
	Office:			Home:				
	Mobile:	Fa	x:	E-mail:				
13.			details in respect of that details in respect of the details in respect of the details are detailed.	e first degree, diplo	ma postgrad	uate deg	ree etc	
	University	Study period (from -to)	Title of the Degree/Diploma	Principal subject	Class Obtained	Year	Annex No.	

5. Details of employment: Start from the current or most recent one (Please annex the copies of servicertificates).  Period Organization Position Nature of duties Reason for leaving

17. Details of research and pu	blications (If the space	provided is insuf	ficient attacl	h a separate sheet):
18. In your choice of the disc level:	iplines indicate the are	eas that you can t	undertake te	aching at Undergraduate
19. Language skills (indicate following letters A,B,C an			appropriate	e cage using one of the
Languages	Reading	Writi	ing	Conversation
Sinhala Tamil				
English Others (Specify)				
A- Fully competent B - Moderately competer	nt	C- Can Mana D- Not comp		culty
20. Secondary Educations:				
Period	School		Exan	ninations passed
21. Extra- Curricular activities School Level	s: Give details			

University Level	
National Level	
2. Any other information that you consider as s	supportive of you application:
3. Names positions and Addresses of two non –	- related referees:
Ι	II
4. Declaration by the applicant:	
I certify that the information furnished in knowledge. I am aware that if any informat	this application is true and correct to the best of my tion contained in this application is found to be incorrect iable to be cancelled without any compensation.
Date	Signature
5. Observations of the present employer: (Those in employment should forward their applied)	ication through their present employer)
I <b>recommend/ not recommend</b> this applice employment, if <b>he/ she</b> is selected for this application.	cation. The applicant will be released from his present oppointment (Delete the inapplicable words)
 Date	Signature of the Head of the Institution