

UNIVERSITY OF COLOMBO

SRI LANKA.

FORM OF APPLICATION

POST

DEPARTMENT

| | | | | |
|--|------|----|------------------------------------|-------------------------------------|
| 1. Name in Full : Underline Surname (see note (I) below) | | | | |
| 2. Whether Rev./Mr./Mrs./Miss | | | | |
| 3. Postal Address : (any change should be communicated immediately) | | | | |
| 4. Telephone Number & e mail address (if available) | | | | |
| 5. Date of Birth & Age : | | | 6. Civil Status : | |
| 7. Whether Citizen of Sri Lanka : (state whether by descent or by registration: if by registration, give reference number & date of certificate of citizenship) | | | NIC No: | |
| 8. Education - Schools attended (i). (ii). (iii). (iv). | From | | To | |
| 9. University Education: (Degrees, Diplomas etc.) University (see note (II) below) | From | To | Course followed (with subjects) | Results (give Class or Grade) |
| | | | | |

Note (I): If you were registered as a student in a University under any other name, please indicate such name within brackets.

Note (II): State Index Number if known and Campus.

10. Postgraduate qualifications & dates of obtaining same :

11. Any other academic distinctions, Scholarships, Medals, Prizes, etc. (indicate the institution from which such awards have been obtained)

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

13. Highest Examination passed in Sinhala/Tamil :

14. (a) Present **occupation**, place, date of appointment and basic salary drawn :

(b) Previous appointments, if any, with dates :
Department / Institution

Post

From

To

15. Extra - Curricular activities :

16. Any further relevant particulars :
(not included above) :

16. (Contd.)

17. In the event of being selected please indicate the latest date on which you would be able to assume duties.

| | | |
|---|----------|---------|
| 18. Names of two persons (with addresses) to whom reference can be made : | Name | Address |
| | 1. | |
| | | |
| | | |
| | Tel. No: | Fax No: |
| | e-mail : | |
| | 2. | |
| | | |
| | | |
| | Tel. No: | Fax No: |
| | e-mail : | |

19. I hereby certify that the 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

Recommendation of the Head of the Institution

(If employed at Higher Educational Institutions, Government Departments and Government Corporations)

I recommended and forwarded herewith the application offor the above post and agree/ do not agree to release him/her in case selected to the post applied for.

Date:

.....
Head of the Institution