UNIVERSITY OF RUHUNA FORM OF APPLICATION

Post:	Department/Division:
Full name of the applicant:	
Name with initials:	
Identify card number:	
2. i. Gender Reverend Male Female	ii. Civil Status Married Unmarried
3. Present Postal Address:	Permanent Address:

E mail:

T'phone No. (important: Pl. mention your current operative number/s.):

4. Date of Birth			Age as	Age as at closing Date						
	Year Month Date				Year	Date]		
5. Citi	izenship									
By	descent				By Registra	ation				

6. Education Schools attended

Name of the School	From	То

7. University Education

Name of the University	From	То	Degree Course followed with Subjects	lloce or larodo	Effective date of the degree
Postgraduate Degrees/Diploma					

(please attach copies of degree certificates obtained.)

8. (i) Professional/Special Qualifications and Experience

(ii) Research & Publications

9. Employment record

Post held	Institute	From	То	Number of month	Last drawn salary

10. Present Occupation

Occupation	Institute	From	То	Number of month	Salary drawn

11. Other diplomas, Memberships, Fellowships etc.

Institute	Diploma etc.	Year

12. Professional Qualifications

Institute	From	То	Examinations passed or Degrees etc. obtained

13.

Proficiency in Sinhala/Tamil/English								
Language	Ability to Work			No	Ability to Teach		ch	No
	Very good	Good	Fair	knowledge	Very good	Good	Fair	knowledge
Sinhala								
Tamil								
English								

14. Referees

Name Designation

Address

1.

2.

One of the referees should be either the Professor or a Senior Lecturer of the Department of study in which the applicant had his/her University education or the Head of the Institution in which the candidate works.

15. I hereby certify that the particulars submitted by me in this application are true and accurate. I am aware that if any of particulars are found to be false or inaccurate. I am liable to disqualified before selection and to be dismissed without any compensation, if the inaccuracy is detected after appointment.

Date

For Public Service/Corporations/Statutory Boards Candidates only

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 the Institution

Name

Designation

Date

Seal

(N.B. When applying for several posts, each post should be applied for separately)