

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											
	:	<u> </u>										
02.	Whether Rev./Mr./Mrs./Miss (Snr. Prof./Prof./Dr.)	:[]					 		
03.	(a) Postal Address	[
	:											
	(Any change should be communicated immediately)											
		l										
	(b) Contact Telephone No.	:										
	(c) E-mail Address :											
04.	National Identity Card No.	:										
05.	(a) Date of Birth	:	 Ye	ear	M	ontl	1	E	ate		 	
	(b) Age as at the closing date of application	:	Ye	ears	Mo	ontł	15	Ľ	ays	\$		
 06.	Civil Status	:			 					 	 	
07.	Whether Citizen of Sri Lanka (State whether by decent or by registration) if by registration,	:			 					 		

give reference number & date of certificate of citizenship

Contd.../2

08.	Race	:	

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

09. Qualifications- (All qualifications to be considered should be indicated in the application)

(a) University Education:

(Attach copies of certificates & transcripts)

Degrees/Diplomas	Class University		Cor	Date of nmence			Effective Date	Duration	
			Year	Month	Date	Year	Month	Date	
1.									
2.									
3.									
4.									
7.									

(b) Professional Qualifications: (Attach copies of certificates)

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

(C) Postgraduate Qualifications.

(Attach copies of certificates)

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

(d) Training/Workshops (Attach copies of certificates)

T	Name of the Training		From			То		Duration	
Institution	Programme/Workshop	Year	Month	Date	Year	Month	Date	Duration	
1.									
2.									
3.									
4.									
5.									

 10. Any other academic distinctions scholarships, medals, prizes etc.: (indicate the Institution from which such awards have been obtained) (Attach copies of certificates) (If space is insufficient, please use separate sheet of same size)

11.	(a)	Research & Publications :
		(If space is insufficient, please use separate sheet of same size)

(b) Extra- Curricular Activities :

12. (a) Present Occupation :

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)

	Department/ Institution			Perio	Salary	Reason for			
Post			From			To		Salar y Scale	Cessation of
	Institution	Year	Month	Date	Year	Month	Date	Scale	Employment

13. (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 :

(c) Qualifications & Experience relevant to Quality Assurance:

Qualifications/ Experience	Details

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

Name	Designation	Address	Contact No: Email Address
1.			
2.			

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

Secretary, University Grants Commission.

Application is recommended and forwarded. I certify that the particulars given in numbers 01 to 13 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 /Rector/Director

Institute:.....

Date: