

**UNIVERSITY OF RUHUNA  
FORM OF APPLICATION**

**Post:****Department:**

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 at closing Date

| Year                 | Month                |                      | Date                 |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

5. Citizenship

By descent By Registration 

6. Education Schools attended

| Name of the School                       | From | To |
|--|------|----|
| <br><br><br><br><br><br><br><br><br><br> |      |    |

## 7. University Education

| Name of the University       | From | To | Degree Course followed with Subjects | Class or Grade | Effective date of the degree |
|------------------------------|------|----|--------------------------------------|----------------|------------------------------|
|                              |      |    |                                      |                |                              |
| Postgraduate Degrees/Diploma |      |    |                                      |                |                              |

(please attach copies of degree certificates obtained.)

## 8. (i) Professional/Special Qualifications and Experience

## (ii) Research &amp; Publications

## 9. Employment record

| Post held | Institute | From | To | Number of month | Last drawn salary |
|-----------|-----------|------|----|-----------------|-------------------|
|           |           |      |    |                 |                   |

## 10. Present Occupation

| Occupation | Institute | From | To | Number of month | Salary drawn |
|------------|-----------|------|----|-----------------|--------------|
|            |           |      |    |                 |              |

## 11. Other diplomas, Memberships, Fellowships etc.

| Institute | Diploma etc. | Year |
|-----------|--------------|------|
|           |              |      |

## 12. Professional Qualifications

| Institute | From | To | Examinations passed or Degrees etc. obtained |
|-----------|------|----|--|
|           |      |    |  |

## 13.

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

.....  
Signature of Applicant

**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)