



RAJARATA UNIVERSITY OF SRI LANKA
FORM OF APPLICATION

POST :-

DEPARTMENT :-

**AREAS OF
SPECIALIZATION** :-
(As per the advertisement)

01. (a) Name with Initials :
(b) Names denoted by initials :

02. Whether Rev./Mr./Mrs./Miss :

03. (a) Permanent Address :

(b) Postal Address (If any) ..

(c) Contact Telephone No. :

(d) e-mail :
(Any changes should be communicated immediately)

04. National Identity Card No. :

05. (a) Date of Birth :
(b) Age as at the closing date of applications :

06. Civil Status :

07. Gender :

08. Education – Schools attended :
 From -To

(1,

(2,

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

(a) University Education :

University	Degree/ Diploma	Class	Date of Commencement	Effective Date	Number of Academic years

(b) Postgraduate Qualifications :

University	Postgraduate Degree/ Diploma	By course of by Research	Date of commencement	Effective Date	Number of Academic years

(c) Professional Qualifications :

Institution	Qualifications obtained	Date of Commencement	Effective Date	Duration

10. Any other academic distinctions scholarships, :
Medals, prizes etc. (indicate the Institution
from which such awards have been obtained)

11. Research & Publications if any :

12. Current and Previous appointments if any, with
dates

Department/ Institution	Post	From	To

13. Extra Curricular Activities :

14. Names of two non related referees with address and contact Nos.

Name

Address

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