UVA WELLASSA UNIVERSITY OF SRI LANKA
FORM OF APPLICATION

POST APPLIED FOR:	Click here to enter text.		
Department	Click here to enter text.	**Subject Area Applied for**	Click here to enter text.

01. **(a)** **Name in Full: (Dr./Mr/Mrs/Miss (underline the surname)**
Click here to enter text.

(b) **Name with initials**: Click here to enter text.

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02. **(a)** **Permanent Address:** Click here to enter text.

(b) **Contact Address (if differ : from permanent address)** Click here to enter text.

(c) **Contact Telephone No.** **Home:** Click here **Mobile :**Click here

(d) **E-mail** : Click here to enter text.

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03. **National Identity Card No.:** Click here to enter text.

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04. **(a) Date of Birth** : Click here to enter text.

(b) Age as at the closing date of Applications : Click here to enter text.

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05. **Civil Status** : Click here to enter text.

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06. **Citizenship**
By descent☐ **By Registration**☐

07. Qualifications–

(a) University Education:

Degree/ Diploma	Class	University	Year of Commencement	Effective Date	Duration
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Postgraduate Degree/ Diploma	**University**	**By Course or By Research**	**Date of Commencement**	**Effective Date**	**Duration**
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

(Please attach copies of degree certificates obtained.)

(b) Professional Qualifications:

Institution	Qualifications Obtained	Date of Commencement	Effective Date	Duration
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

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08. Any other academic distinction Scholarships, medals, prizes etc. (indicate the Institution from which such awards have been obtained):
Click here to enter text.

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09. Research & Publications if any (if space is insufficient, please use separate sheet of same size):
Click here to enter text.

10. Proficiency in Languages:

Language	Ability to Work			No knowledge	Ability to Teach			No knowledge
	Very good	Good	Fair		Very good	Good	Fair	
Sinhala	☐	☐	☐	Click here to enter text.	☐	☐	☐	Click here to enter text.
Tamil	☐	☐	☐	Click here to enter text.	☐	☐	☐	Click here to enter text.
English	☐	☐	☐	Click here to enter text.	☐	☐	☐	Click here to enter text.

11. **(a) Present Occupation**

Occupation	Institute	From	To	Number of months	Last salary drawn
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

(b) Previous appointment if any, with dates

Post held	Institute	From	To	Number of months	Last drawn salary
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

12. Bond/Agreements you have entered (if any)

Click here to enter text.

13. Extra-curricular activities:

Click here to enter text.

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14. (Names of two non-related references with addresses and contact nos.)

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Name	Address	Contact Numbers
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.

I do 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 the appointment.

…….. ……..

Date **Signature of Applicant**

For Public Service/Corporations/Statutory Boards Candidates only

Application for the Post of Click here to enter text. Submitted by Click here to enter text.
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 Click here to enter text.

Designation Click here to enter text.

Date Click here to enter text.

Official Seal ……..

UVA WELLASSA UNIVERSITY OF SRI LANKA
FORM OF APPLICATION

POST APPLIED FOR:	

01. (a) Name in Full: (Mr/Mrs/Miss (underline the Surname)

(b) Name with initials :----------

02. (a) Permanent Address :

(b) Contact Address (If differ From permanent address :

(c) Contact Telephone No. :Home Mobile

(d) E-mail :

03. National Identity Card No. :

04. (a) Date of Birth :

(b) Age as at the closing date of Applications :

05. Civil Status :

07. Citizenship

By descent ☐ **By Registration** ☐

08. Qualifications – (Certified copies of the certificates should be attached)

G.C.E.(O/L) Year **Index No**

Subject	Grade

G.C.E.(A/L) Year **Index No**

Subject	Grade

(a) University Education:

Degree/ Diploma	Class	University	Year of Commencement	Effective Date	Duration
Postgraduate Degree/ Diploma	University	By Course or By Research	Date of Commencement	Effective Date	Duration

(please attach copies of degree certificates obtained.)

(b) Professional Qualifications:

Institution	Qualifications Obtained	Date of Commencement	Effective Date	Duration

09. Any other academic distinction : Scholarships, medals, prizes etc. (Indicate the Institution from which such awards have been obtained)

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Sinhala								
Tamil								
English								

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Occupation	Institute	From	To	Number of month	Last salary drawn

(b) Previous appointment if any, with dates

Post held	Institute	From	To	Number of month	Last drawn salary

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13. Bond/Agreements you have entered (if any)

14. Extra-Curricular : Activities

15. (Names of two non-related reference with addresses and Contact Nos.

1. **<u>Name</u>** **Address** **Contact Numbers**

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.

……

Signature of Applicant

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

Official Seal