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

Year	Month	Date

Age as at closing Date

Year	Month		Date

5. Citizenship

By descent ☐ By Registration ☐

6. Education Schools attended

Name of the School	From	To

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 & 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)