

**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

## 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
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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)