



**Wayamba University of Sri Lanka**  
**Form of Application for the External Candidates**

For Office Use Only

Post applied for					
The medium expected to appear for the recruitment test					
01	(a)	Name with Initials			
	(b)	Names denoted by Initials			
02	Title (Rev./Mr./Mrs./Miss/)				
03	(a)	Postal Address (Any change should be communicated immediately)			
	(b)	Contact Telephone No.			
04	National Identity Card No.				
05	(a)	Date of Birth			
	(b)	Age as at the Closing date of Applications			
06	Civil Status				
07	Whether Citizen of Sri Lanka (State whether by decent or by registration, give reference number and date of certificate of Citizenship)				
08	Race (State whether Sinhala, Tamil, person of Indian Origin or Muslim)				
09	Education – Schools Attended		(1)		
			(2)		
			(3)		
10	Educational Qualifications : G.C.E. (O/L) and G.C.E. (A/L)				
	(a)	G.C.E. (O/L)			
	1 <sup>st</sup> Sitting (Year.....)		2 <sup>nd</sup> Sitting (Year.....)		
		Subject	Grade	Subject	Grade
	(1)				
	(2)				
	(3)				
	(4)				
	(5)				
	(6)				
	(7)				
(8)					
(9)					
(10)					

(අ)	G.C.E. (A/L)				
	1 <sup>st</sup> Sitting (Year.....)		2 <sup>nd</sup> Sitting (Year.....)		
	Subject	Grade	Subject	Grade	
(1)					
(2)					
(3)					
(4)					
11	University Education:				
	University/ Higher Educational Institute	Degree	Period	Effective	Date, Class & Grade of Final Examination
01					
02					
03					
04					
05					
12	Highest Examination Passed in Sinhala/ English:				
(1)	Sinhala:				
(2)	English:				
13	Professional Qualifications :				
	Institution	Qualification Obtained	Date of Commencement	Effective Date	Duration
01					
02					
03					
04					
05					

14	Experiences (Relevant to the post applied) (Clearly indicate the Year, Month & Date)				
		Department/ Institution	Post	Period	
				From	To
	01				
	02				
	03				
	04				
05					
15	Other Qualifications/ Extra Curricular Activities:				
16	Details of current occupation:				
		Department/ Institution	Post	Date of Employment	
17	Previous Appointments (Clearly indicate the Year, Month & Date):				
		Department/ Institution	Post	Period	
				From	From
	01				
	02				
	03				
04					

18	Names of two non-related referees with addresses and contact Nos:							
		<table border="1"> <thead> <tr> <th>Name</th> <th>Address and Contact No.</th> </tr> </thead> <tbody> <tr> <td>(01)</td> <td></td> </tr> <tr> <td>(02)</td> <td></td> </tr> </tbody> </table>	Name	Address and Contact No.	(01)		(02)	
	Name	Address and Contact No.						
	(01)							
(02)								
19	Applicant's statement:							
	<p>I certify that all particulars stated by me in this application are true and accurate. I am aware that if any particulars are found to be false or inaccurate prior to my selection, my application will be rejected, and that if particulars are found to false or inaccurate after my selection, I will be dismissed from my service without compensation.</p> <p>Date:- ..... Signature of Applicant: .....</p>							
20	<p><u>Recommendation of the Head of the Department/ Institution:</u> (Only for Applicants in the State Service or Provincial State Service, Government Corporations, Statutory Boards &amp; Commissions)</p>							
	<p>Forwarded, I certify that the particulars given in columns 01 to 17 of this application are correct according to the applicant's personal file maintain by this Department/ Institution. He/ She could be released/ could not be released from this Department/ Institution if selected for an appointment.</p> <p>..... Signature of the Head of the Dept/ Institution</p> <p>Date :- .....</p> <p>Name :- .....</p> <p>Designation :- .....</p> <p>(Official Stamp)</p>							