



APPLICATION FOR ACADEMIC POST

Post applied for :

Faculty:..... Department:.....

Discipline/Subject Area:

01. Name with initials (Rev./Dr./Mr./Mrs./Miss).....

02. Name denoted by the initials:

03. Permanent Address:

04. Address for Correspondence:

05. NIC Number:.....

06. Nationality:.....

07. State whether citizen of Sri Lanka by Descent : Yes/No

If by Registration, give Reg. No.

08. Gender:.....

09. Civil Status:.....

10. Date of Birth:.....

11. Age:.....

12. Contact Telephone No:

Office:..... Home:.....

Mobile:..... Fax:..... E-mail:.....

13. University Education (give all details in respect of the first degree, postgraduate degree etc. Please annex copies of the detailed certificates):

| University | Study period (from -to) | Title of the Degree/Diploma | Principal subject | Class Obtained | Year | Annex No. |
|------------|-------------------------|-----------------------------|-------------------|----------------|------|-----------|
| | | | | | | |

14. Details of Professional Qualifications (Please annex copies of certificates):

| Name & address of the Professional body | Field of the professional study /training | Title of the Professional qualification | Study period (from –to) | Year of award | Annex No. |
|---|---|---|-------------------------|---------------|-----------|
| | | | | | |

15. Details of employment: Start from the current or most recent one (Please annex the copies of service certificates).

| Period | Organization | Position | Nature of duties | Reason for leaving | Annex No. |
|--------|--------------|----------|------------------|--------------------|-----------|
| | | | | | |

16. Details of academic distinctions such as Scholarships Prizes, Gold Medals etc, received during the career /professional training:

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17. Details of research and publications (If the space provided is insufficient attach a separate sheet):

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18. In your choice of the disciplines indicate the areas that you can undertake teaching at Undergraduate level:

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19. Language skills (indicate the level of your proficiency in the appropriate cage using one of the following letters A,B,C and D as per given below):

| Languages | Reading | Writing | Conversation |
|------------------|---------|---------|--------------|
| Sinhala | | | |
| Tamil | | | |
| English | | | |
| Others (Specify) | | | |

A- Fully competent
B - Moderately competent

C- Can Manage with difficulty
D- Not competent

20. Secondary Educations:

| Period | School | Examinations passed |
|--------|--------|---------------------|
| | | |

21. Extra- Curricular activities: Give details

School Level

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University Level

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National Level

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22. Details of any outstanding obligations by way of Bonds and Agreements to present/previous appointments.

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23. Any other information that you consider as supportive of you application:

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24. Names positions and Addresses of two non – related referees:

| | |
|---------|----------|
| I | II |
| | |
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| | |

25. Declaration by the applicant:

I certify that the information furnished in this application is true and correct to the best of my knowledge. I am aware that if any information contained in this application is found to be incorrect after my being selected, my appointment is liable to be cancelled without any compensation.

| | |
|-------|-----------|
| | |
| Date | Signature |

26. Observations of the present employer:
(Those in employment should forward their application through their present employer)

I **recommend/ not recommend** this application. The applicant will be released from his present employment, if **he/ she** is selected for this appointment *(Delete the inapplicable words)*

| | |
|-------|---|
| | |
| Date | Signature of the Head of the Institution <i>(Official stamp to be affixed)</i> |



SABARAGAMUWA UNIVERSITY OF SRI LANKA
 PO Box 02, Belihuloya 70140, Sri Lanka.
 Tel - 045-2280087, 045-2280015 (Fax)

APPLICATION FOR ACDEMIC SUPPORT STAFF POST

Post applied for:

01. Name with initials (Rev./Dr./Mr./Mrs./Miss).....

02. Name denoted by the initials:

.....

03. Permanent Address:

04. Address for Correspondence:

.....

.....

.....

.....

05. NIC Number:

06. Nationality:

07. State whether citizen of Sri Lanka by descent: Yes/ No
 If by Registration, give Reg. No.

08. Gender :

09. Civil Status:

10. Date of Birth:

11. Age :

12. Contact Telephone Nos.:

Office:.....

Home:.....

Mobile:..... Fax:..... E-mail:.....

13. University Education: (give all details in respect of the first degree, diploma postgraduate degree etc. Please annex copies of the certificates):

| University | Study period (from -to) | Title of the Degree/Diploma | Principal subject | Class Obtained | Year | Annex |
|------------|-------------------------|-----------------------------|-------------------|----------------|------|-------|
| | | | | | | |

14. Details of Professional Qualifications (Please annex copies of certificates):

| Name & address of the Professional body | Field of the professional study /training | Title of the Professional qualification | Study period (from –to) | Year of award | Annex |
|---|---|---|-------------------------|---------------|-------|
| | | | | | |

15. Details of employment: Start from the current or most recent one (Please annex` the copies of certificates).

| Period | Organization | Position | Nature of duties | Reason for leaving | Annex |
|--------|--------------|----------|------------------|--------------------|-------|
| | | | | | |

16. Details of academic distinctions such as Scholarships Prizes, Gold Medals etc, received during the career /professional training:

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17. Details of research and publications (If the space provided is insufficient attach a separate sheet):

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18. Language skills (indicate the level of your proficiency in the appropriate cage using one of the following letters A, B, C and D as per given below):

| Languages | Reading | Writing | Conversation |
|------------------|---------|---------|--------------|
| Sinhala | | | |
| Tamil | | | |
| English | | | |
| Others (Specify) | | | |

A - Fully competent

B - Moderately competent

C - Can Manage with difficulty

D- Not competent

19. Secondary Educations:

| Period | School | Examinations passed |
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School Level

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National Level

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22. Any other information that you consider as supportive of your application:

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23. Names positions and Addresses of two non – related referees:

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24. Declaration by the applicant:

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Date

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Signature

25. Observations of the present employer:

(Those in employment should forward their application through their present employer)

I recommend/ not recommend this application. The applicant will be released from his present employment, if he/ she is selected for this appointment *(Delete the inapplicable words)*

.....
Date

.....
Signature of the Head of the Institution
(Official Stamp to be affixed)