



**MINISTRY OF EDUCATION,
HIGHER EDUCATION AND VOCATIONAL EDUCATION**

SRI LANKA INSTITUTE OF ADVANCED TECHNOLOGICAL EDUCATION (SLIATE)

Application Form for Assistant Lecturer (AR1)

Post :-.....

Preferred Institute: -.....

1. Name in Full (Mr/Mrs/Miss) :-

2. Name with Initials :-

3. Date of Birth :-

4. Contact Information :-

Postal Address-.....

Phone Number- Official/Fixed -.....

Mobile -..... e-mail -

5. National ID card No :-.....

6. Education Qualifications:

6.1 Academic Qualifications

	University/ Institute	Degree/Class	Year
i.			
ii.			
iii.			

6.2 G.C.E. Advanced Level (A/L) Examination Results

	Subject	Grade	Year
i.			
ii.			
iii.			
iv.			

6.3 G.C.E. Ordinary Level (O/L) Examination results

	Subject	Grade	Year
i.			
ii.			
iii.			
iv.			
v.			
vi.			
vii.			
viii.			
ix.			
x.			

6.4 Research Experience

	University/Institute	Name of the Research	Duration(From-To)
i.			
ii.			
iii.			

7. Publication, Patents and Awards

	Name of the Publication, Patents and Awards	Name of the Institute	Year
i.			
ii.			
iii.			

8. Extracurricular activities

- i. Sports
- ii. Membership in professional bodies

09. Name, Position and Contact Information of two Non-Related Referees.

I do hereby certify that all the above information is true and correct for the best of my knowledge.

Date: -

.....
Signature of Applicant



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1. Name in Full (Mr/Mrs/Miss) :-

2. Name with Initials :-

3. Date of Birth :-

4. Contact Information :-

Postal Address-.....

Phone Number- Official/Fixed -.....

Mobile -..... e-mail -

5. National ID card No :-.....

6. Education Qualifications: (*Mention whether you have a class if applicable*)

6.1 Academic Qualifications

	Name of the Qualification	Name of the Institute	Year
i.			
ii.			
iii.			

6.2 G.C.E. Advanced Level (A/L) Examination Results

	Subject	Grade	Year
i.			
ii.			
iii.			
iv.			

6.3 G.C.E. Ordinary Level (O/L) Examination results

	Subject	Grade	Year
i.			
ii.			
iii.			
iv.			
v.			
vi.			
vii.			
viii.			
ix.			
x.			

7. Professional Qualifications

	Name of the Qualification	Name of the Institute	Year
i.			
ii.			

8. Other Qualifications/ Extracurricular activities

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.....

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.....

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9. Working Experience

	Position	Organization	from	To	Years
Present					
Past					

10. Name, Position and Contact Information of two Non-Related Referees.

I do hereby certify that all the above information is true and correct for the best of my knowledge.

Date: -

.....
Signature of Applicant