



RAJARATA UNIVERSITY OF SRI LANKA
FORM OF APPLICATION

POST :-

- 01' (a) Name with initials :
.....
- (b) Names denoted by initials :
.....
02. Whether Mr./Mrs./Miss :
03. (a) Postal Address :
(Any changes 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)
If by registration give reference number &
date of certificate of citizenship
08. Race :
(State whether Sinhala, Tamil or Muslim)
- 10 Gender :

09. Education – School attended

From

To

(1)

(2)

10. (a) School Education

(i) G.C.E. (Ordinary Level)

Year :-

Index No.:-

S.No.	Subject	Grade
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

G.C.E. (Ordinary Level)

Year :-

Index No.:-

S.No.	Subject	Grade
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

(ii) **G.C.E. (Advanced Level)**

Year :-

Index No.:-

S.No.	Subject	Grade
1		
2		
3		
4		

G.C.E. (Advanced Level)

Year :-

Index No.:-

S.No.	Subject	Grade
1		
2		
3		
4		

(b) **University Education:-**

University	Degree/Diploma	Class	Date of Commencement	Effective date	Duration
1.					
2.					

(c) **Professional Qualifications:**

Institution	Course	Date of Commencement	Effective date	Duration
1.				
2.				

11. Highest examination passed in Sinhala and English

Sinhala:

English:

12. Period of experience gained as at the closing date of applications relevant to the post applied:

13. Extra Curricular Activities:

14. Names of two non related referees with address and contact Nos.

1.Name

.....

Post

.....

Adress

Contact No.

.....

.....

.....

.....

2.Name

.....

Post

.....

Adress

Contact No.

.....

.....

.....

.....

I do hereby certify that particulars submitted by me in this application are true and accurate. I am aware that if any of these particulars are found to be false or inaccurate, I am liable to be disqualified before selection and to be dismissed without any compensation if the inaccuracy is detected after appointment.

Date:

.....

Signature of applicant

Registrar
Rajarata University of Sri Lanka
Mihintale

I hereby certify that the particulars given in columns 01 to 14 of this application are correct according to the candidate's personal file.

Checked by:
Personnel Clerk

.....
Signature of the Head of the
Personnel Department

If the above candidate is selected, he/she can/cannot be released from this Department/ Corporation/Statutory Board.

Date:

.....
Head of the Department/Institution
Official Rubber Stamp



RAJARATA UNIVERSITY OF SRI LANKA

FORM OF APPLICATION

POST :-

DEPARTMENT :-

(Indicate the name of the post and the Department as given in the advertisement)

01. (a) Name with initials :

(b) Names denoted by initials :

02. Whether Mr./Mrs./Miss :

03. (a) Permanent Address :

(b) Postal Address (If any) :

(c) Contact Telephone No. :

(d) e-mail :

(Any changes should be communicated immediately)

04. National Identity Card No. :

05. (a) Date of Birth :

(b) Age as at the closing date of applications :

06. Civil Status : Single / Married

07. Whether Citizen of Sri Lanka :
(State whether by decent or by registration)
If by registration give reference number & date of certificate of citizenship

08. Gender : Male / Female

09. Race :
(State whether Sinhala, Tamil or Muslim)

10. Education – Schools attended :
From To

(1)

(2)

(3)

11. Qualifications - (All qualifications to be considered should be indicated in the application)

(b) University Education:

<i>University</i>	<i>Degree/Diploma</i>	<i>Class</i>	<i>Date of Commencement</i>	<i>Effective Date</i>	<i>Number of Academic Years</i>
1.					
2.					
3.					
4.					
5.					

(c) Postgraduate Qualifications:

<i>University</i>	<i>Postgraduate Degree/Diploma</i>	<i>By course or by Research</i>	<i>Date of Commencement</i>	<i>Effective Date</i>	<i>Number of Academic Years</i>
1.					
2.					
3.					

4.					
5.					

(d) Professional Qualifications:

<i>Institution</i>	<i>Qualifications obtained</i>	<i>Date of Commencement</i>	<i>Effective Date</i>	<i>Duration</i>
1.				
2.				
3.				
4.				
5.				

12. Any other academic distinctions scholarships, :
Medals, prizes etc. (indicate the Institution from
which such awards have been obtained)

13. Research & Publications if any (If space is insufficient, :
Please use separate sheet of same size)

14. Highest examination passed in Sinhala/Tamil :

15. (a) Present Occupation

1. Post :
2. Date of appointment to such post :
3. Whether confirmed in the present post :
4. Place of work with the address :
5. Salary scale of the post :
6. Present salary :
 - a. Basic Salary :
 - b. Allowance :

(b) Previous appointments if any, with dates

Department/Intuition	Post	Salary Scale	From	To
1.				
2.				
3.				
4.				
5.				

Special Notice: *The service certificates should be attached in order to prove the service experience. The appointment letters will not be considered for service experience.*

16.(a) Period of experience gained as at the closing date of applications relevant to the post applied :

(b) If you have obtained no-pay leave during this period, state reasons and the period of such leave :

17. Extra Curricular Activities :

18. Names of two non related referees with address and contact Nos.

1.Name :.....

Post :.....

Contact Number :.....

Address:

.....
.....
.....

2.Name :.....

Post :.....

Contact Number :.....

Address:

.....
.....
.....

I do hereby certify that particulars submitted by me in this application are true and accurate. I am aware that if any of these particulars are found to be false or inaccurate, I am liable to be disqualified before selection and to be dismissed without any compensation if the inaccuracy is detected after appointment.

Date:

.....

Signature of applicant

Special Note:

Photocopies of Educational, Professional and All other Relevant Certificates should be attached herewith

Registrar
Rajarata University of Sri Lanka,
Mihintale.

I hereby certify that the particulars given in columns 01 to 14 of this application are correct according to the candidate's personal file.

Checked by:
Personnel Clerk

.....
Signature of the Head of the Personnel Department

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Date:

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Head of the Department

Official Rubber Stamp