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GENERAL SIR JOHN KOTELAWALA DEFENCE UNIVERSITY
APPLICATION FORM

POST OF SUB WARDEN – FEMALE (FULL TIME)
(TEMPORARY BASIS)

NIC No.

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1. Name (In block letters)

a. Full name

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.....

b. Name with initials: Mr / Ms.:

.....

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2. a. Permanent Address:

.....

.....

b. Tel: Res. No. : Mobile No. :

c. E-mail:

3. Date of Birth:

Year	Month	Date

4. Age:
(As at closing date)

Years	Months	Days

5. Civil Status:

Married	Single

6. Sex:

Male	Female

7. Sri Lankan Citizenship: By Descent ☐

By Registration ☐

8. Schools Attended:

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9. Highest Examination passed in the following Languages:

	Sinhala
	Tamil
	English

10. Educational Qualifications : (Attach Copies of Certificates)

a) GCE (O/L) Examination		(b) GCE (A/L) Examination	
Name of the School:.....		Name of the School:.....	
Index No: Year:		Index No: Year:	
Subject	Grade	Subject	Grade

11. Vocational Level Qualifications Diploma & Certificates: (Attach Copies of Certificate)

University/Institution	Diploma/Certificate Course	Period		Part Time/ Full Time	NVQ Level	Annexure
		From	To			

12. Other Qualifications, if any

Qualification	University/Institution	Period		Part Time/ Full Time	Annexure
		From	To		

13. a. Present Occupation:

Place of work	Designation & nature of work assigned	Salary drawn per month	Period of stay		Annexure
			From	To	

b. Previous Occupation/s: (if space is insufficient, please use a separate sheet)
(Attach copies of service letters)

Place of work	Designation & nature of work assigned	Salary drawn per month	Period of stay		Reason for Leaving	Annexure
			From	To		

14. Extra-Curricular Activities:

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15. Names, occupations and addresses of two non-related referees:

Name	Address	Occupation	Contact No

16. Certification by Applicant

I hereby certify that the particulars submitted by me in this application form 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.

Further, I have enclosed copies of following documents. (Please put “√” mark)

A. Educational Qualifications

1. O/L ☐
2. A/L ☐
3. Diploma ☐

C. Service Certificates

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B. Other Certificates

1. ☐
2. ☐
3. ☐

D. Birth Certificate

☐

Date:.....

.....
Signature of Applicant

17. To be completed by the present employer (If any)

Applicant can/ cannot be released, if selected for appointment.

Any Special Comments :

.....
Signature

Name :

Designation :

Date :

For Office Use

Date Received		
Eligibility	Yes	No
If No, Reasons		
Registrar/Senior Assistant Registrar (Establishment)		
Comments of Head/Dean		