University of the Visual and Performing Arts
Form of Application

Post Applied for -.....

-.....

Division -.....

-.....

<table>
<tr><td>01.Name in Full</td><td colspan="3"></td></tr>
<tr><td>02 Whether Prof./Dr. /Mr./Ms.</td><td colspan="3"></td></tr>
<tr><td>03. Postal Address & Telephone No.
(Any changes should be communicated immediately)</td><td colspan="2"></td><td>Tel No

E mail:</td></tr>
<tr><td>04. Date of Birth</td><td colspan="3">Age as at closing date of Application

Years Months Days</td></tr>
<tr><td>05. Civil Status

Married ☐

Single ☐</td><td colspan="3">06. National Identity Card No.</td></tr>
<tr><td colspan="2">07. State whether Citizen of Sri Lanka by Descent or Registration.
(If by Registration; Give Registration No.)</td><td colspan="2"></td></tr>
<tr><td colspan="4">08. University Education</td></tr>
<tr><td rowspan="2">Name of the Degree and
Name of the University.</td><td>Whether Special Degree or General Degree?</td><td rowspan="2">Extra Subjects</td><td rowspan="2">Duration,
Effective Date and Results
(Give class or Grade)</td></tr>
<tr><td>Subject Specialized</td></tr>
</table>

09. <u>Completed Post Graduate Qualifications</u> (1) Name of the Post Graduate Degree: (2) Duration: (3) Effective Date: (4) Weather it is with Research or without Research? (5) Study Field:	
10. Professional qualifications.	
11. Memberships in the Recognized Institution.	
12. Any other Academic Distinctions, Scholarship, Medals, Prizes, Obtained at University Level (Indicate the institution from which such awards have been obtained)	
13. Present Occupation, Place of Work & Salary Drawn (State whether basic or Consolidated)	
14. Relevant Experience Gained after Obtaining the first Degree.	
15. Any other Special Qualifications Relevant to the requested post	

16. Particulars of Bond Obligations to Higher Educational Institutions/ Government I). Obligation Period with II). Amount Due	
17.Extra-Curricular Activities (Sports, etc.)	
18.Names of Two Non-Related referees with Addresses	

I certify that all particulars given 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 be false or inaccurate after my selection, I will be dismissed from service without compensation.

Date **Signature of Applicant**

Certificate of the Head of the Department:

Application for the post of ..... submitted by ..... is forwarded herewith. If he/she is selected for the said post he/she can/cannot be released.

.....

Signature of the Head of Department

Name :

Designation :

Date :

Seal :

Note: Applicants from Public Service / Corporations/ Statutory Boards/ University System should forward their applications through Heads of respective institutions with an endorsement to the effect that he/she would be released if selected.