

APPLICATION FORM
(Please type or write legibly)

DEPARTMENT

Note (I) if you were registered as a student in a University under any other name, please indicate such name within brackets; (II) State Index Number if known and Campus

10. (a)	Special Qualifications: Professional etc.)	Class	Distinctions	Medals & Prizes	Other Remarks
	2 nd M. B. B. S				
	3 rd M. B. B. S				
	Final M. B. B. S				

10. For applicants who have followed MBBS (Colombo) after 1995 (III)
(b)

	Class	Distinctions	Medals & Prizes	Other Remarks
Introductory Basic Sciences Stream				
Applied Sciences Stream				
Behavioural Sciences Stream				
Community Stream				
End of Course Examination of Clinical Sciences Stream				
Clinical Sciences Stream				
Cumulative MBBS Result				

11.	Postgraduate qualifications & dates of obtaining same	
12.	Any other academic distinctions, Scholarships, Medals, Prizes, etc. (include the institution from which such awards have been obtained)	

(III) Candidates from Faculties of Medicine, having different curricula may indicate the relevant information in a separate sheet

13.	Research & Publications, if any: (if space is insufficient, please use separate sheet)	
14.	Highest Examination passed in:	Sinhala
		Tamil
		English
15.	English Language skills:	
16.	Computing & Information Technology a. Qualifications: b. IT skills:	
17.	Leadership /management experience:	
18	Extra Curricular activities	
19	Special skills:	
20.	Creativity (including patents):	
You may use additional paper to provide information under any section		
21 (a)	Present occupation place, date of appointment and basic salary drawn:	

(b) Previous appointments, if any, with dates:	
Department/Institution	PostFromTo

22. Any further relevant particulars: (not included above)

23. In the event of being selected please indicate the latest date on which you would be able to assume duties:

24. Names of two persons (with addresses) to whom reference can be made:	Name	Address
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Email & telephone Nos.		-----
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25. I hereby certify that the 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

Recommendation of the Head of the Institution
(If employed at Higher Educational Institutions, Government Departments and Government Corporations)

I recommended and forwarded herewith the application offor the above post and agree/ do not agree to release him/her in case selected to the post applied for.

Date:Head of the Institution