UNIVERSITY OF COLOMBO

SRI LANKA

APPLICATION FORM

(Please type or write legibly)

	POST DEPARTMENT					
1.	Name in Full: Underline Surname (see note (I) below)					
2.	Whether Dr./Mr./Mrs./Miss					
3.	Postal Address: (any change should be communicated immediately)					
		Telephor	ne No:			
4.	Telephone numbers & e mail address					
		E mail ad	ddress:	1		
5.	Date of Birth & Age:			6	6. Civil Sta	itus
7.	Whether Citizen of Sri Lanka: (state whether by descent or by registration; if by registration, give reference number & date of certificate of citizenship)				NIC No:	
8.	Education – Schools attended		From			То
	1.					
	2.					
	3.					
	4.					
9.	University Education: (Degrees, Diplomas etc.) University (see note (II) below)	From	То		e followed subjects)	Results Give Class or Grade)

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 N	И. В. В. 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 qualificatio obtaining same	ns & dates of			
12. Any other academic disti Scholarships, Medals, Pr (include the institution from awards have been obtained	izes, etc. which such			

13.	Research & Publications, if any: (if space is insufficient, please use separate sheet)	
		Sinhala
14.	Highest Examination passed in:	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	e 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	Post	From To			
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			
	Email & telephone Nos.					
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 of						
Date:Head of the Institut			of the Institution			