



UNIVERSITY OF RUHUNA

SRI LANKA

APPLICATION FOR THE POST OF

IMPORTANT: PLEASE FILL IN ALL THE BLANKS

1. (i). Name in Full:

(ii) Name with initials:

(iii) Gender:

☐

Female

☐

Male

2. (i) Postal Address (Any change should be communicated immediately) :

(ii) Contact Phone Numbers:

Mobile:

Residence:

Office:

(iii) Email address:

3. Date of Birth and Age:

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Age:

Y	Y
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4. Civil Status :

5. (i) Whether citizen of Sri Lanka:

By

☐

Descent

☐

By Registration

(ii) National Identity Card No:

(iii) Passport No:

6. Education : Schools attended :

From

To

(i)

(ii)

(iii)

7. For Medical Grades only

Special Qualifications etc.	Class/GPA	Distinctions	Medals & Prizes	Other Remarks
2 nd MBBS Examination				
3 rd MBBS Examination				
Final MBBS Examination				

Board Certification: Yes/No (If Yes, the effective date):

For Non-Medical and Medical Grades:

8. Postgraduate Qualifications: (State whether by course work or research, duration and effective date. Please attach copies of all relevant certificates)

9. Academic Distinctions, Scholarships, Medals, Prizes etc. (Indicate the Institution from which such awards have been awarded.)

10. Research Publications: (If space is insufficient, please use a separate sheet)**(i) Books**

No.	Name of the Book	Date of Publication	Author	ISBN No.
i.				
ii.				
iii.				

(ii) Abstracts

No.	Title of Articles	Author	Source and date of publication
i.			
ii.			
iii.			

(iii) Journals

No.	Title of Articles	Author	Source and year of publication
i.			
ii.			
iii.			

Note: First Degree Dissertation/Postgraduate Thesis are not considered as publications

11. Proficiency in Languages: Highest Examination passed in

Sinhala:

Tamil:

English:

12. (i) Present occupation & Salary drawn (give details and period)

(ii) Previous Employments (if any, with dates and periods) – in the case of Medical/Dental/Veterinary Sciences, please indicate the date of commencement of formal practice as a professional)

Designation	Department/Institution	From	To	Reasons for leaving

13. Commendations/Punishments, if any during your career in the University/Educational Institution:

14. Have you ever been served with a Vacation of Post notice by any other University/Government Institution? If so please provide details.

15. Extra Curricular Activities (University, National & International level)

16. IT Qualifications obtained (which are equivalent to NVQ Level 4 or above)

17. Any other relevant particulars (not included above):

18. Names and Addresses of two non-related referees:

Name and addresses	Telephone No. & E-mail
01.	
02.	

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

20. Do you have close relatives in employment at University of Ruhuna. If yes, please indicate favour accordingly:

Name :

Relationship:

(i)

(ii)

(iii)

21. 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 the appointment.

Date:

Signature of Applicant:.....

Note: submit your application according to the detailed requirements indicated in the web site www.ruh.ac.lk

TO BE COMPLETED BY THE HEAD OF THE DEPARTMENT WHERE APPLICABLE:

**Vice Chancellor
University of Ruhuna**

The application is forwarded. Please note that if selected, action will be taken to release/not release him/her from service.

Date:

Signature of Head of the Department:.....
(with Official frank)

Date:

Signature of Head of Institution:
(with Official frank)