UNIVERSITY HOSPITAL
GENERAL SIR JOHN KOTELAWELA DEFENCE UNIVERSITY

APPLICATION FOR POSTS OF CLERICAL & ALLIED GRADES

For Office Use only	

NIC No	
Applied Post	

01. Full Name (In block letters)	
Name with initials	Mr / Ms
02. a. Permanent Address	
b. Tel No	Residence
	Mobile
c. E-Mail	
d. Fax	

03. Date of Birth:

Year	Month	Date

04. Age (as at closing date)

Years	Months	Days

05. Civil Status:

Married	Single

06. Gender:

Male	Female

07. Sri Lankan Citizenship

By Descent	By Registration

08. Educational Qualifications :
    (Attach certified copies)

a.

GCE (O/L) Examination	
Name of the School:…………………………………………………………………………………..	
Index No: ……………………… Year : ………... Attempt : ………………………	
Subject	Grade

b.

GCE (A/L) Examination	
Name of the School :……………………………………………………………………………………..	
Index No: ……………………… Year : …….…... Attempt : …………………………	
Subject	Grade

09. Professional Qualifications, if any: (if space is insufficient, please use a separate sheet)
     (Attach certified copies)

Name of the Institute	Name of the Course	Year of Completion	Medium of Study	Results

10. Other Qualifications, if any (Attach certified copies)

11. Career History (if space is insufficient, please use a separate sheet)
     (Attach certified copies)

Employer	Designation & Nature of Work Assigned	Salary drawn per month	Period of Stay	
			From	To

(Start with present employment)

12. Extra-Curricular Activities:

13. Details of two non-related referees :

Name	Designation	Address	Contact No.

      I declare in honor that the information given above are true and accurate to the best of my knowledge. I am aware that if any information given in the application are found to be incorrect, prior to my selection. I am liable to be disqualified, and if it is found after the selection I am liable to be dismissed without any compensation.

Date: ……………………..

………………………….
Signature of Applicant

CERTIFICATION OF APPLICANTS SERVICE
(for employees of Government Institutes, Government Cooperation's and Statutory Boards)

I certify that the applicant .... is Known to me personally, that he/she is employed in ...., and that he/she can be released from this Department/Board / Corporation if he/she is selected for the above post.

(Delete irrelevant words)

Signature of the certifier : ....

Full name of the certifier : ....

Post : ....

Address : ....

Date: ....