

RAJARATA UNIVERSITY OF SRI LANKA FORM OF APPLICATION

POST :-					
01.	(a)	Name with initials	:		
	(b)	Names denoted by initials	:		
02.		Whether Rev./Mr./Mrs./Miss	:		
03.	(a)	Postal Address (Any changes should be communicated immediately)	:		
	(b)	Contact Telephone No.	:		
04.		National Identity Card No.	:		
05.	(a) (b)	Date of Birth Age as at the closing date of applications	:		
06.		Civil Status	:		
07.		Whether Citizen of Sri Lanka (State whether by decent or by registration) If by registration give reference number & date of certificate of citizenship	:		
08.		Race (State whether Sinhala, Tamil, Person of Indian Origin or Muslim)	:		

09.	Education -	- School attended						
	From	T	0					
(1)								
(2)								
10. (a) School Ed	ucation						
(i)	G.C.E. (Ordinary Level)							
	Year :		Index No.:					
	S.No.	Subject	Grade					
	1							
	2							
	3							
	4							
	5							
	6							
	7							
	8							
	9							
	10							
			1					
	G.C.E. (Or	dinary Level)						
	Year :	Index No.:						
	S.No.	Subject	Grade					
	1							
	2							
	3							
	4							
	5							
	6							
	7							
	8							
	9							
	1		1					

S.No.		••••		Index No.:	• • • • • • • • • • • • • • • • • • • •	•
		Sub	ject		Grade	
1						
2						
3						
4						
University	Education (If annliaghla)				
		If applicable)		D. C.	T 49	
University	Deg	ree/Diploma	Class	Date of Commencement	Effective date	Dur
Profession	al Qualificat	ions:				
Institut	ion	Cou	irse	Date of	Effective date	Dui
				Commencement		

Subject

Index No.:-

Grade

G.C.E. (Advanced Level)

Year :-

S.No.

1

(ii)

Position	Institute	Duration
1		
2 3		
3		
13. Extra -	Curricular Activities:	
14. Names	of two non related referees with address a	and contact Nos.
Name		Address
1		
	ontact No.	
	mtact No.	
2	•••••••	•••••••••••••••••••••••••••••••••••••••
•••		
•••		
Co	ontact No	
I do hereby cer	rtify that particulars submitted by me in	this application are true and accurate. I an
aware that if a	ny of these particulars are found to be fa	lse or inaccurate, I am liable to be disqualified
before selection	n and to be dismissed without any con	npensation if the inaccuracy is detected after
appointment.		
Date:		
		Signature of applicant

Period of experience gained as at the closing date of applications relevant to the post applied:

12.

Registrar	
Rajarata University of Sri Lanka	
Mihintale	
I hereby certify that the particulars given in columns 0	1 to 14 of this application are correct according
to the candidate's personal file.	
Checked by:	
Personnel Clerk	
 	Signature of the Head of the
	Personnel Department
	•
If the above candidate is selected, he/she can/o	cannot be released from this Department/
Corporation/Statutory Board.	
Date:	
Н	ead of the Department/Institution
0	fficial Rubber Stamp