For Office Use	

GENERAL SIR JOHN KOTELAWALA DEFENCE UNIVERSITY <u>APPLICATION FORM</u>

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													NIC	No.	
ame (l	n blo	ck letters)													
`	a.	Full name)												
												· · · · · · ·			••
	b.	Name wit	h initials:	Mr / Ms	i.:										
2.	a.	Permaner	nt Addres	s:											
	b.	Tel: Res.	No. :				ı	Mobil	le N	o . : .					
	c.	E-mail:					F	ax:.							
	d.	Skype ID:								.					
		он у ро													
3.	Da	te of Birth:	Year	Month	Date		4. A		ooin	a data'	Y	ears	Мс	nths	Da
							(AS	at cic	osinę	g date)	' <u> </u>				
									1						
5.	С	ivil Status:	Marrie	d S	Single		6.	Sex:		Male	+	Fema	ale		
7.	Sı	ri Lankan C	itizenship	o: By Des	scent] [By Re	egistr	atio	n					
8.	S	chools Atte	nded:												

						S	inhala		
						Т	amil		
						E	nglish		
10.	Educational C	Qualifications	:						
	a) GCE (O/L)	Examination				(b) GCE	(A/L) Examinati	on	
Name of the	School:			Nan	ne of the	School :			
Index No:		Year	·:	Inde	ex No:		•••••	Year :	
	Subject		Grade			Sub	ject		Grade
(Attach C	opies of Certificat	es)							
11. Vocation	onal Level Qua	alifications Dip	ploma & Ce	ertific	ates:				
11. Vocation	onal Level Qua	alifications Dip	ploma & Ce	ertific		riod	Subjects		
	onal Level Qua	alifications Dip				riod To	Subjects followed and the effective date		esults
					Pe		followed and the effective		esults
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Universi		Diploma/Cer			Pe		followed and the effective		esults
Universi	ity/Institution	Diploma/Cer			Pe		followed and the effective		esults
Universi	ity/Institution	Diploma/Cer			Pe		followed and the effective		esults
Universi	ity/Institution	Diploma/Cer			Pe		followed and the effective		esults
Universi	ity/Institution	Diploma/Cer			Pe		followed and the effective		esults
Universi	ity/Institution	Diploma/Cer			Pe		followed and the effective		esults

Highest Examination passed in the following Languages:

9.

	Place of work	Designation & nature	of work		alary draw	n	Period of stay			
	1 lace of work	assigned		per month			From	То		
b.	. Previous Occupat	ion/s: (if space is in	sufficient,	please	e use a se	eparate	sheet)			
	Place of work	Designation & Salary nature of work assigned per m				of stay To	Reason for Leavi			
	(Attach Copies of Certific	ates)	l	1			<u> </u>			
14.	Extra Curricular A	ctivities:								
15.	Names, occupatio	ns and addresses o	of two non	relate	d referee	s:				
	Name	Address		Occ	upation		Contact N	lo		

Present Occupations: (if space is insufficient, please use a separate sheet)

13.

a.

16. Certification by Applicant

I hereby certify that the particulars submitted by me in this application form 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.

Further, I have enclosed copies of following documents. (Please put " √ " mark)

A. Educational Q	ualifications	B. Other Certificates	
1. O/L		1	
2. A/L		2	
3. Diplom	na	3	
C. Service Certifi	cates	D. Birth Certificate	
Date :	······································	Signature of Applicant	
17. To be comple	eted by the present emplo	oyer (If any)	
Applicant can/ can	not be released, if selected	for appointment.	
Any Special Comme	ents :		
		Signature	
Name :			
Designation:			
Date :			
For Office Use			
Date Received			
Eligibility	Yes	No	
If No, Reasons			
Registrar/Senior Assistant Registrar (Establishment)			
Comments of Head/Dean			