## GENERAL SIR JOHN KOTELAWALA DEFENCE UNIVERSITY APPLICATION FOR THE POST OF TEMPORARY ACADEMIC SUPPORT STAFF

| For Office | Use only                           |           |                                     |      |
|------------|------------------------------------|-----------|-------------------------------------|------|
|            |                                    |           |                                     |      |
| NIC No     |                                    |           |                                     |      |
|            | ost (Please put "√" mark on<br>ox) |           | Demonstrator -<br>e International l |      |
| 01. Full N | Name (In block letters)            |           |                                     |      |
| Name       | e with initials                    | Dr/Mr/Ms  |                                     |      |
| 02. a. Per | manent Address                     |           |                                     |      |
| b. Tel     | No                                 | Residence |                                     |      |
|            |                                    | Mobile    |                                     |      |
| c. E-N     | lail                               |           |                                     |      |
| d. Fax     | ζ                                  |           |                                     |      |
| e. Sky     | rpe ID                             |           |                                     |      |
| 03. Date   | of Birth                           | Year      | Month                               | Date |
|            |                                    |           |                                     |      |

| 04. | Age (as at closing date)      | Years   | Months | Days            |  |  |
|-----|-------------------------------|---------|--------|-----------------|--|--|
|     |                               |         |        |                 |  |  |
| 05. | Civil Status                  | Marrie  | ed     | Single          |  |  |
|     |                               |         |        |                 |  |  |
| 06. | Gender                        | Male    |        | Female          |  |  |
| 07  | Sri Lankan Citizanahin        |         |        |                 |  |  |
| 07. | Sri Lankan Citizenship        | By Desc | ent    | By Registration |  |  |
| 08. | School/s Attended             |         |        |                 |  |  |
|     |                               |         |        |                 |  |  |
|     |                               |         |        |                 |  |  |
| 09. | Highest Examination Passed in | Sinhala |        |                 |  |  |
|     |                               | Tamil   |        |                 |  |  |
|     |                               | English |        |                 |  |  |

10. University Education (Basic Degree)

| Basic Degree | Effective Date | Awarded Institute | Medium | Special or<br>General<br>Degree | Subjects Followed | Class (Pl.<br>indicate<br>clearly) | Annexure No.<br>(Copy of the<br>Certificate) |
|--------------|----------------|-------------------|--------|---------------------------------|-------------------|------------------------------------|--|
|              |                |                   |        |                                 |                   |                                    |  |
|              |                |                   |        |                                 |                   |                                    |  |
|              |                |                   |        |                                 |                   |                                    |  |

## 11. Postgraduate Qualifications

(if space is insufficient please use a separate sheet)

| Degree/Diploma Course           | Effective        |                   | Full time                      |      | Duration |     |     |                | Credits              |       | Annexure<br>No. (Copy |
|---------------------------------|------------------|-------------------|--------------------------------|------|----------|-----|-----|----------------|----------------------|-------|-----------------------|
| (by research or by Examination) | Date Institute A | Institute Awarded | Institute Awarded or part time | From | То       | Yrs | Mts | Course<br>work | Research<br>/ Thesis | Total | of the Certificate)   |
|                                 |                  |                   |                                |      |          |     |     |                |                      |       | ·                     |
|                                 |                  |                   |                                |      |          |     |     |                |                      |       |                       |
|                                 |                  |                   |                                |      |          |     |     |                |                      |       |                       |
|                                 |                  |                   |                                |      |          |     |     |                |                      |       |                       |

12. Professional Qualifications

(PGIM Board certification, Chartered Qualifications, Attorney at Law, etc.)

(if space is insufficient please use a separate sheet)

|            | Educational and professional qualifications |           |                   |      |          |     |     |                              |
|------------|---|-----------|-------------------|------|----------|-----|-----|------------------------------|
| Sr.<br>No. | Qualification                               | Effective | Inctitute Awarded |      | Duration | n   |     | Annexure No.                 |
| 110.       | Quantication                                | Date      | Institute Awarded | From | То       | Yrs | Mts | (Copy of the<br>Certificate) |
|            |   |           |                   |      |          |     |     |                              |
|            |   |           |                   |      |          |     |     |                              |
|            |   |           |                   |      |          |     |     |                              |
|            |   |           |                   |      |          |     |     |                              |
|            |   |           |                   |      |          |     |     |                              |

## 13. a. Present Occupation: (if space is insufficient, please use a separate sheet)

|               |   |      | Period of service |     |     |  | Annexure |  |
|---------------|---|------|-------------------|-----|-----|--|----------|--|
| Place of Work | Designation/Post  Nature of work assigned  Poer month  Nature of work per month | From | То                | Yrs | Mts | No. (Copy of<br>the Service<br>Letter) |          |  |
|               |   |      |                   |     |     |  |          |  |
|               |   |      |                   |     |     |  |          |  |
|               |   |      |                   |     |     |  |          |  |
|               |   |      |                   |     |     |  |          |  |
|               |   |      |                   |     |     |  |          |  |

b. Previous Occupations: (if space is insufficient, please use a separate sheet)

| Sr.  | Sr. No. Place of Work | Place of Work Designation/Post |      | Period of Service |     |     |         | Annexure No. (Copy of Service Letter) |
|------|-----------------------|--------------------------------|------|-------------------|-----|-----|---------|---------------------------------------|
| 140. | Timee of Work         | Designation 1 out              | From | То                | Yrs | Mts | Letter) |                                       |
|      |                       |                                |      |                   |     |     |         |                                       |
|      |                       |                                |      |                   |     |     |         |                                       |
|      |                       |                                |      |                   |     |     |         |                                       |
|      |                       |                                |      |                   |     |     |         |                                       |
|      |                       |                                |      |                   |     |     |         |                                       |
|      |                       |                                |      |                   |     |     |         |                                       |
|      |                       |                                |      |                   |     |     |         |                                       |

14. Details of Awards/Scholarships etc.

| University/ Institution | Scholarships/ Awards/ Prizes/ Academic<br>Distinctions | Year | Annexure No. (Copy of the Certificate) |
|-------------------------|--|------|--|
|                         |  |      |  |
|                         |  |      |  |
|                         |  |      |  |
|                         |  |      |  |
|                         |  |      |  |

|      | ace is insufficient, please use a separate sheet)                                   |  |  |  |  |
|------|---|--|--|--|--|
| (- 1 |   |  |  |  |  |
|      | Extra-Curricular Activities (if space is insufficient, please use a separate sheet) |  |  |  |  |
|      |   |  |  |  |  |
| 17.  | Any other relevant facts  |  |  |  |  |
|      |   |  |  |  |  |

|       | •                                  | d in to a Bond/Agreenining/Study Programme |                     | your previous |  |  |  |  |
|-------|------------------------------------|--|---------------------|---------------|--|--|--|--|
| i.    | Institute/s                        | :  |                     |               |  |  |  |  |
|       |                                    |  |                     |               |  |  |  |  |
| ii.   | Nature of Traini<br>Study Programm | ng/ :<br>ne                                |                     |               |  |  |  |  |
|       | , 0                                |  |                     |               |  |  |  |  |
| iii.  | Obligatory Perio                   |  |                     |               |  |  |  |  |
| iv.   | Date of Commencement:              |  |                     |               |  |  |  |  |
| v.    | Date of Expiry o                   | Date of Expiry of :                        |                     |               |  |  |  |  |
| vi.   | Monetary Value                     |  |                     |               |  |  |  |  |
| 19. N | the Bond  James, occupation        | ns and addresses of two n                  | on related referees |               |  |  |  |  |
|       | Name                               | Address                                    | Occupation          | Contact No    |  |  |  |  |
|       |                                    |  |                     |               |  |  |  |  |
|       |                                    |  |                     |               |  |  |  |  |
|       |                                    |  |                     |               |  |  |  |  |
|       |                                    |  |                     |               |  |  |  |  |
|       |                                    |  |                     |               |  |  |  |  |
|       |                                    |  |                     |               |  |  |  |  |
|       |                                    |  |                     |               |  |  |  |  |
|       |                                    |  |                     |               |  |  |  |  |
|       |                                    |  |                     |               |  |  |  |  |

## 20. 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 the following documents. (Please insert "  $\sqrt{}$  " mark)

| Desc   | ription of Document                                | Attached | Annexure<br>No                                 |  |  |
|--------|--|----------|--|--|--|
| 1. Bii | rth Certificate                                    |          |  |  |  |
| 2. NI  | C/Passport   |          |  |  |  |
| 3. Ba  | sic Degree Qualifications                          |          |  |  |  |
| a.     | Basic Degree Certificate                           |          |  |  |  |
| b.     | Transcript/ Detailed results sheet                 |          |  |  |  |
| 4. Po  | stgraduate Qualifications                          |          |  |  |  |
| a.     | Postgraduate Degree certificate                    |          |  |  |  |
| b.     | Transcript/ Detailed results sheet                 |          |  |  |  |
| 5. Aı  | uthentication letter from UGC(for foreign Degrees) |          |  |  |  |
| 6. Pr  | ofessional Qualifications                          |          |  |  |  |
| a.     | Certificates/ Letters                              |          |  |  |  |
| b.     | Special Training                                   |          |  |  |  |
| 7. Se: | rvice Certificates                                 |          |  |  |  |
|        |  | ,        | <u>,                                      </u> |  |  |
| Date   | Date :   |          |  |  |  |

| 21.  | 21. To be completed by the present employer (if any)   |           |    |  |  |  |  |  |  |
|------|--|-----------|----|--|--|--|--|--|--|
|      | Applicant can/ cannot be released, if selected for the post applied at General Sir John Kotelawala Defence University. |           |    |  |  |  |  |  |  |
|      | Any Special C  | omments : |    |  |  |  |  |  |  |
|      |  |           |    |  |  |  |  |  |  |
|      |  |           |    |  |  |  |  |  |  |
| Sign | ature  |           |    |  |  |  |  |  |  |
| Nan  | ne :   |           |    |  |  |  |  |  |  |
| Desi | ignation:  |           |    |  |  |  |  |  |  |
| Date | e :  |           |    |  |  |  |  |  |  |
| For  | Office Use Only  |           |    |  |  |  |  |  |  |
| Da   | te Received  |           |    |  |  |  |  |  |  |
| Eli  | gibility   | Yes       | No |  |  |  |  |  |  |
| Cat  | tegory   |           |    |  |  |  |  |  |  |
| If N | No, Reasons  |           |    |  |  |  |  |  |  |
|      | gistrar/Deputy   |           |    |  |  |  |  |  |  |
| ,    | gistrar  |           |    |  |  |  |  |  |  |
| (Es  | tablishment)   |           |    |  |  |  |  |  |  |
|      | mments of  |           |    |  |  |  |  |  |  |
| He   | ad/Dean  |           |    |  |  |  |  |  |  |