

SABARAGAMUWA UNIVERSITY OF SRI LANKA PO Box 02, Belihuloya 70140, Sri Lanka. Tel - 045-2280087, 045-2280015 (Fax)

APPLICATION FOR ADMINISTRATIVE POST

applied for:						•••••
Name with initials	(Rev./Dr./Mr./Mrs./	Miss)				
Name denoted by	the initials:					
NIC Number:		06. Na	tionality: .			
Gender: :		09.	Civil Status:			
0. Date of Birth:						
Contact Telepho	one No:					
Office:	Н	Home:				
Mobile:	Fax	α	E-mail	:		
3. University Education (give all details in respect of the first degree, diploma postgraduate degree etc. Please annex copies of the certificates):						
University	Study period (from –to)	Title of the Degree/Diploma	Principal subject	Class Obtained	Year	Annex
			<i>3</i>			
	Name denoted by Permanent Address NIC Number: State whether citi If by Registratio Gender: Date of Birth: . Contact Telepho Office: Mobile: University Educ postgraduate d	Name denoted by the initials: Permanent Address:	Name denoted by the initials: Permanent Address: 04. Add NIC Number: 06. Na State whether citizen of Sri Lanka by descent: Yes/ No If by Registration, give Reg. No. Gender: 09. O Date of Birth: Contact Telephone No: Office: H Mobile: Fax: University Education (give all details in respect of the fir postgraduate degree etc. Please annex copies of the cer University Study period Title of the	Name denoted by the initials: Permanent Address: 04. Address for Corres NIC Number: 06. Nationality: State whether citizen of Sri Lanka by descent: Yes/ No If by Registration, give Reg. No. Gender: 09. Civil Status: Date of Birth: 11. Age: Contact Telephone No: Office: Home: Mobile: Fax: E-mail University Education (give all details in respect of the first degree, dipostgraduate degree etc. Please annex copies of the certificates): University Study period Title of the Principal	Name denoted by the initials: Permanent Address: 04. Address for Correspondence: NIC Number: 06. Nationality: State whether citizen of Sri Lanka by descent: Yes/ No If by Registration, give Reg. No. Gender: 09. Civil Status: Date of Birth: 11. Age: Contact Telephone No: Office: Home: Mobile: Fax: University Education (give all details in respect of the first degree, diploma postgraduate degree etc. Please annex copies of the certificates): University Study period Title of the Principal Class	NIC Number: 06. Nationality: State whether citizen of Sri Lanka by descent: Yes/ No If by Registration, give Reg. No. Gender: 09. Civil Status: Date of Birth: 11. Age: Contact Telephone No: Office: Home: Mobile: Fax: E-mail: University Education (give all details in respect of the first degree, diploma postgraduate degree etc. Please annex copies of the certificates): University Study period Title of the Principal Class Year

14.	Details of Professional	Qualifications (p	olease annex	copies of certificates):
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Name & addressof the Professional body	Field of heprofessional study /training	Title of the Professional qualification	Study period (from -to)	Year of award	Annex

15. Details of employment: Start from the current or most recent one (Please annex` the copies ofcertificates).

Period	Organization	Position	Nature of duties	Reason for leaving	Annex
		16			
		12			
			**		
			•		

6.	Details of academic distinctions such as Scholarships Prizes, Gold Medals etc, received during thecareer /professional training:
	·····
17.	Details of research and publications (If the space provided is insufficient attach a separate sheet):

Languages	Reading	Writing	Conversation
Sinhala			
Tamil			
English			
Others (Specify)			
A - Fully competent B - Moderately competen	t	C - Can Manag D- Not compet	ge with difficulty ent
Secondary Educations: Period	School	Examinat	ions passed
Period	School	Danimat	ions passea
ži ži			
		*	
chool Level			
Jniversity Level			×
National Level			
는 프로그램 (프로그램 (프로그램 - 1855) 18 18 18 18 18 18 18 18 18 18 18 18 18			
Details of any outstanding			
		onds and Agreements to p	

	omer information that you consider as supp		
23. Name	es positions and Addresses of two non – rela	ated referee	es:
I		II	
I certify aware th	that the information furnished in this apparat if any information contained in this apparent is liable to be cancelled without any	plication i	true and correct to the best of my knowledge. I am s found to be incorrectafter my being selected, my ion.
,	Date		Signature
(Those in	tions of the present employer: employment should forward their application mend/ not recommend this application. 's selected for this appointment (Delete the in	The applic	ant will be released from his presentemployment, if
Date			Signature of the Head of the Institution