## SOUTH EASTERN UNIVERSITY OF SRI LANKA

## FORM OF APPLICATION

| Nai                          | me in Full: (    | <u>underline</u> the Su | rname)             |                                |            |                |             |      |  |  |  |
|------------------------------|------------------|-------------------------|--------------------|--------------------------------|------------|----------------|-------------|------|--|--|--|
|                              | v./ Dr./ Mr./ ]  |                         | · · · · · ·        |                                |            |                |             |      |  |  |  |
| IC.                          | v./ D1./ W11./ 1 | WII 5./ WIS             |                    |                                |            |                |             |      |  |  |  |
|                              |                  |                         |                    |                                |            |                | •••••       |      |  |  |  |
| Na                           | me with init     | ials:                   |                    |                                | •••••      | ••••••         |             |      |  |  |  |
| a)                           |                  | r Correspond            |                    | Permanent Address  mmediately) |            |                |             |      |  |  |  |
|                              |                  |                         |                    | •••                            |            |                |             |      |  |  |  |
|                              |                  |                         |                    | •••                            |            |                |             |      |  |  |  |
|                              | •••••            |                         |                    | •••                            |            | ••••••         | •••••       |      |  |  |  |
| b)                           | Contact Nu       | ımhers                  |                    | •••                            | ••••••     | ••••••         | •••••       |      |  |  |  |
| IJ)                          |                  |                         |                    |                                |            | _              |             |      |  |  |  |
| Mobile No Residence: Office: |                  |                         |                    |                                |            |                |             |      |  |  |  |
| c)                           | E-mail Add       | dress:                  |                    |                                |            |                |             |      |  |  |  |
| a)                           | Sex:             | Male                    |                    |                                | F          | Semale         |             |      |  |  |  |
|                              |                  |                         |                    |                                |            | L              |             |      |  |  |  |
| D)                           | Civil Status     | s Single                | N                  | Married [                      |            |                |             |      |  |  |  |
| c)                           | Date of bir      | th (Please attack       | n a copy of the bi | rth certificate                | ):         | Age at the     | Closing dat | te   |  |  |  |
|                              | Year             | Month                   | Date               |                                |            | Years          | Months      | days |  |  |  |
|                              |                  |                         |                    |                                |            |                |             |      |  |  |  |
| d)                           | National Id      | lentity Card            | No.:               |                                |            |                |             |      |  |  |  |
|                              |                  |                         |                    |                                |            |                |             |      |  |  |  |
|                              | Citizenshin      | (If by registration     | on indicate Regis  | etration No. / i               | Details of | Dual Citizensk | nin):       |      |  |  |  |
| e)                           | CIUZCIINI        | 1 1 - 1                 |                    |                                |            | 7              |             |      |  |  |  |
| e)                           | _                |                         | By Regi            | stration                       |            | Dual (         | Citizenship |      |  |  |  |
| e)                           | By Descent       |                         | By Regi            | stration                       |            | Dual           | Citizenship |      |  |  |  |
|                              | _                |                         | By Regis           | stration                       |            | _ Dual (       | Citizenship |      |  |  |  |

| Name of the University  | From                                    | То                | Tit        | le of the Deg           | gree     | Class &<br>Grade of Fina<br>Examination |
|---|---|-------------------|------------|-------------------------|----------|---|
| 1.  |   |                   |            |                         |          |   |
| 2.  |   |                   |            |                         |          |   |
| Effective date of the Degree  | e/s: 1                                  |                   |            | 2                       |          |   |
| Postgraduate Qualification (State whether by course work certificates with transcripts) |   | ion and effect    | tive date. | Please, attac           | ch copie | es of all releva                        |
| Name of the degree ar<br>University/ In   |   | Fr                | om         | То                      |          | Effective dat                           |
| 1.  |   |                   |            |                         |          |   |
| 2.  |   |                   |            |                         |          |   |
| 3.  |   |                   |            |                         |          |   |
| Name of the University/ Institute/ Body  Title  |   | tle of the Course |            | Duration and<br>Credits |          | Year                                    |
|   |   |                   |            |                         |          |   |
|   |   |                   |            |                         |          |   |
| Professional Qualification  | s (attach a copy of c                   | ertificates). (If | space is i | nsufficient, ple        | ease use | a separate sheet).                      |
| Name of the University  | / Institute                             | From              |            | То                      |          | nation passed ee obtained etc           |
|   |   |                   |            |                         |          |   |
|   |   |                   |            |                         |          |   |
|   |   |                   |            |                         |          |   |
| Language skills (indicate the letters A, B, C and D as per give                         | e level of your proven below):          | oficiency in th   | ne approp  | priate cage us          | sing one | of the following                        |
| Language skills (indicate the letters A, B, C and D as per give Language                | e level of your proven below):  Reading | oficiency in the  | ne approp  |                         | -<br>    | of the following                        |
| letters A, B, C and D as per gi   | ven below):                             | oficiency in the  |            |                         | -<br>    |   |
| Language  | ven below):                             | oficiency in the  |            |                         | -<br>    |   |
| Language Sinhala  | ven below):                             | oficiency in the  |            |                         | -<br>    |   |

5. University Education: First Degree

Page 2 of 5

C – Can Manage with difficulty

B – Moderately Competent

A- Fully Competent

| No         | o. Title of the Article |   |         |            |                  |      | Author(s)      |       |                    | Source and date of the publication |                |  |
|------------|-------------------------|---|---------|------------|------------------|------|----------------|-------|--------------------|------------------------------------|----------------|--|
| i.         |                         |   |         |            |                  |      |                |       |                    |                                    |                |  |
| ii.        |                         |   |         |            |                  |      |                |       |                    |                                    |                |  |
| iii.       | iii.                    |   |         |            |                  |      |                |       |                    |                                    |                |  |
|            |                         | <b>dicate</b> (   |         | olicable c | ategory          | by c | checkin        | g the | e relevant         | box when ap                        | oplying (plea. |  |
| Reg        | gistra                  | r   | a       | b          |                  | c    |                | d     | e                  | f                                  |                |  |
| Bu         | rsar                    |   | 1       | 2          | 3                | 3    |                | 4     | 5                  | 6                                  | 7              |  |
| (a) I      | Prese                   | nt Occı   | ıpation | :          |                  |      |                |       |                    |                                    |                |  |
|            | i.                      | Post /  | Design  | ation      |                  |      |                |       |                    |                                    |                |  |
|            | ii.                     |   |         | intment to |                  |      |                |       |                    |                                    |                |  |
|            | iii.                    | Whether confirmed in the present post ( <i>Please attach evidence from the employer</i> ) |         |            |                  |      |                |       |                    |                                    |                |  |
|            | iv.                     | Place of work with address  |         |            |                  |      |                |       |                    |                                    |                |  |
|            | v.                      | Basic Salary  |         |            |                  |      |                |       |                    |                                    |                |  |
|            |                         |   |         |            |                  |      |                |       |                    |                                    |                |  |
|            | VI.                     | vi. Present Salary  |         | Allo       | Allowances       |      |                |       |                    |                                    |                |  |
| <b>b</b> ) | Previ                   | ious En   | nploym  | ent Reco   | rds:             |      |                |       |                    |                                    |                |  |
|            |                         |   |         |            | University/ Peri |      | iod of Service |       | Last monthly       | Reason for                         |                |  |
|            | Post held               |   |         | Institute  |                  | From |                | То    | Salary<br>received | cessation of<br>Employmen          |                |  |
|            |                         |   |         |            |                  |      |                |       |                    |                                    |                |  |
|            |                         |   |         |            |                  |      |                |       |                    |                                    |                |  |
|            |                         |   |         |            |                  |      |                |       |                    |                                    |                |  |
|            |                         |   |         |            |                  |      |                |       |                    |                                    |                |  |
|            |                         |   |         |            |                  |      |                |       |                    |                                    |                |  |
|            |                         |   |         |            |                  |      |                |       |                    | areer in th                        |                |  |

|           | (d)   | Have you ever been served<br>University/ Government inst    |  | ost (VoP) notice by any other ide details.   |  |  |  |  |
|-----------|---|---|--|--|--|--|--|--|
| 13.       | <b>Any</b>  | further relevant particulars (1                             | not included above)  |  |  |  |  |  |
| 14.       | <br>Two   | (02) non-related referees                                   |  |  |  |  |  |  |
|           |   | Name  | Designation  | Address & Contact details with the e-mail address  |  |  |  |  |
|           | 1.  |   |  |  |  |  |  |  |
|           | 2.  |   |  |  |  |  |  |  |
| <u>Im</u> | porta   | nt Notices: -   |  | 1  |  |  |  |  |
|           |   | Submit your application accordivertisement mentioned on the |  | and guidelines indicated in the  |  |  |  |  |
|           | ii. All applicants should possess the required qualifications and experience by the closing date the application. No qualification fulfilled after the closing date will be considered. |   |  |  |  |  |  |  |
|           |   | The applicant should place his si                           | •  |  |  |  |  |  |
|           | 1   | not been attached with copie                                | t been submitted as per this<br>es of the required documents<br>te applications and applica<br>dvertisement. | form and applications which have s. tions which do not satisfy all the                                   |  |  |  |  |
| 15.       | awar<br>disqı   | re that if any of the particula                             | rs are found to be false   | lication are true and accurate. I am or inaccurate, I am liable to be by compensation, if the inaccuracy |  |  |  |  |
|           | Date  | :   |  | Signature of the Applicant   |  |  |  |  |

## Recommendation of the Head of the Department/ Division

| Forwarded. he/ she could be released/ could not be released Branch/ Unit if selected for an appointment.                     | from the service of this Department/  |
|--|---|
| Date:  | Signature of the Head of the Department/ Division                             |
| Note – In the case of an employee attached to the Faculties, Libraries &   | Financial Branches should complete.   |
| Recommendation of the Dean/ Librarian/ Bursar:   |   |
| Recommended/ Not-Recommended   |   |
| Date:  | Signature of the Dean<br>Librarian/Bursar                                     |
| (Should be filled by the Establish   | hment Division)   |
| I certify that the particulars given in columns 01 to 13 of thi applicant's personal file maintain by the Establishments Div |   |
| Subject Clerk:   |   |
| Date:  | Signature of the Deputy. Senior/ Assistant Registrar (Establishment Division) |
| Recommendation of the Head of the Institutions   |   |
| Recommended / Not-Recommended. He/ She could be released University/ Institute if selected for the appointment.              | ased/ could not be released from the UGC.                                     |
| Date:*  * Delete whichever is inapplicable   | Signature of the Head of the Institution                                      |