SOUTH EASTERN UNIVERSITY OF SRI LANKA

FORM OF APPLICATION

Nai	me in Full: (<u>underline</u> the Su	rname)								
	v./ Dr./ Mr./]		· · · · · ·								
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Na	me with init	ials:			•••••	••••••					
a)		r Correspond		Permanent Address mmediately)							
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Mobile No Residence: Office:											
c)	E-mail Add	dress:									
a)	Sex:	Male			F	Semale					
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D)	Civil Status	s Single	N	Married [
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	Year	Month	Date			Years	Months	days			
d)	National Id	lentity Card I	No.:								
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Name of the University	From	То	Tit	le of the Deg	gree	Class & Grade of Fina 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 University/ In		Fr	om	То		Effective dat
1.						
2.						
3.						
Name of the University/ Institute/ Body Tit		f the Course	Duration and 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 the	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		- 	of the following
letters A, B, C and D as per gi	ven below):	oficiency in the			- 	
Language	ven below):	oficiency in the			- 	
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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.													
		dicate (olicable c	ategory	by c	checkin	g the	e relevant	box when ap	oplying (plea.		
Reg	gistrar		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									
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	iii.	Whether confirmed in the present post (Please attach evidence from the employer)											
	iv.												
	v.												
		Basic Salary											
	vi. Present Salary		Allo	Allowances									
b)	Previ	ious En	nploym	ent Reco	rds:								
				Uni	University/		Period of S		Service	Last monthly	Reason for		
	Post held			Institute		From		То	Salary received	cessation of Employmen			
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3. An 	y further relevant particulars (1	not included above)	
 4. Tw	vo (02) non-related referees		
	Name	Designation	Address & Contact details with the e-mail address
1.			
2.			
npor	tant Notices: -		
i.	advertisement mentioned on the	website www.seu.ac.lk rel	•
11.	the application. No qualification	* *	nd experience by the closing date of date will be considered.
	The applicant should place his si		11
iv.	not been attached with copie	t been submitted as per things of the required documente applications and applic	s form and applications which have
	c. Any application which is not		oper channel.
aw dis	are that if any of the particula	rs are found to be false	olication are true and accurate. I an or inaccurate, I am liable to be ny compensation, if the inaccuracy
Da	te:		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 Librarian/Bursar
(Should be filled by the Establish	hment Division)
I certify that the particulars given in columns 01 to 13 of the 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 rele University/ Institute if selected for the appointment.	eased/ could not be released from the UGC.
Date:* * Delete whichever is inapplicable	Signature of the Head of the Institution