## UNIVERSITY OF RUHUNA FORM OF APPLICATION

Post: Department:							
Full name of the applicant:							
Name with initials:							
Identify card number:							
2. i. Gender	ii. Civil Status						
Reverend	Married						
Male	Unmarried						
Female							
3. Present Postal Address:	Permanent Address:						
E mail:							
T'phone No. ( <b>important:</b> Pl. mention yo	ur current operative number/s.):						
. Date of Birth	Age as at closing Date						
Year Month Date	Year Month Date						
5. Citizenship							
By descent	By Registration						
5. Education Schools attended							
Name of the Scho	ool From To						

## 7. University Education

Name of the University	From	То	Degree Course followed with Subjects	II lace or Larade	Effective date of the degree
Postgraduate Degrees/Diploma					
Postgraduate Degrees/Diploma					

(please attach copies of degree certificates obtained.)

8. (i) Professional/Special Qualifications and Experience

(ii) Research & Publications

## 9. Employment record

Post held	Institute	From	То	Number of month	Last drawn salary

## 10. Present Occupation

Occupation	Institute	From	From To Number of month		Salary drawn

Institute			Dip	Diploma etc.					Year			
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13.												
	Proficiency					NT -	I	A 1	*11.4 m		NT-	
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	Sinhala											
	Tamil											
	English											
14. K	Referees											
Na	me		Design	nation			Ad	ldress				
1.												
2.												
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•	 Date						 S		ure of App	licant		

For Public Service/Corporations/Statutory Boards Candidates only
Application for the Post ofsubmitted by
is forwarded herewith. If He/She is selected for the said post He/She can/cannot be released.
Signature of the Head of the Institution
Name
Designation
Date
Seal
(N.B. When applying for several posts, each post should be applied for separately)