SABARAGAMUWA UNIVERSITY OF SRI LANKA
APPLICATION FOR THE POST OF DIRECTOR OF CENTRE FOR QUALITY ASSURANCE
(CQA)

01. Name with initials (Prof./Mrs.) ....

02. Name denoted by the initials: ....

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03. Designation:...

04. Address:..

05. E-mail:..

06. NIC Number:............................... 07. Gender:...

08. Date of Birth:.............................. 09. Age: ....

10. Contact Telephone No:

Office:...............................…… Home:..

Mobile:...............................……

11. Educational & Professional Qualifications: (Please attach certified copies)

University/ Institute	Study period (from-to)	Title of the Degree/Diploma	Principal subject	Class Obtained	Year

12. Experience (Please attach copies to certify positions)

Period	Organization	Position	Nature of duties

13. Details of research and publications (If the space provided is insufficient attach a separate sheet):

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14. Brief account of what you propose contributions to CQA (If the space provided is insufficient attach a separate sheet):

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15. Any other information that you consider as supportive of your application:

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16. Declaration by the applicant:

I certify that the information furnished in this application is true and correct to the best of my knowledge. I am aware that if any information contained in this application is found to be incorrect after my being selected, my appointment is liable to be canceled without any compensation.

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Date

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Signature of Applicant