

GENERAL SIR JOHN KOTELAWALA DEFENCE UNIVERSITY
APPLICATION FOR THE POSTS OF ACADEMIC SUPPORT STAFF
(ON TEMPORARY BASIS)

For Office Use only	
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NIC No	
Applied Post (Please put “√” mark on relevant box)	<input type="checkbox"/> Network Administrator

01. Full Name (In block letters)	
Name with initials	Prof/Dr/Mr/Ms
02. a. Permanent Address	
b. Tel No	Residence
	Mobile
c. E-Mail	
d. Fax	
e. Skype ID	

03. Date of Birth	Year	Month	Date

04. Age (as at closing date)	Years	Months	Days
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05. Civil Status

Married	Single

06. Gender

Male	Female

07. Sri Lankan Citizenship

By Descent	By Registration

08. School/s Attended

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09. Highest Examination Passed in

Sinhala	
Tamil	
English	

10. University Education (Basic Degree)

Basic Degree	Effective Date	Awarded Institute	Medium	Special or General Degree	Subjects Followed	Class (Pl. indicate clearly)	Annexure No. (Copy of the Certificate)

11. Postgraduate Qualifications

(if space is insufficient please use a separate sheet)

Degree/Diploma Course (by research or by Examination)	Effective Date	Institute Awarded	Full time or part time	Duration				Credits			Annexure No. (Copy of the Certificate)
				From	To	Yrs	Mts	Course work	Research / Thesis	Total	

12. Professional Qualifications

(PGIM Board certification, Chartered Qualifications, Attorney at Law, etc.)

(if space is insufficient please use a separate sheet)

Educational and professional qualifications								
Sr. No.	Qualification	Effective Date	Institute Awarded	Duration				Annexure No. (Copy of the Certificate)
				From	To	Yrs	Mts	

13. a. Present Occupation: (if space is insufficient, please use a separate sheet)

Place of Work	Designation/Post	Nature of work assigned	Salary drawn per month	Period of service				Annexure No. (Copy of the Service Letter)
				From	To	Yrs	Mts	

b. Previous Occupations: (if space is insufficient, please use a separate sheet)

Sr. No.	Place of Work	Designation/Post	Period of Service				Annexure No. (Copy of Service Letter)
			From	To	Yrs	mts	

14. Details of Awards/Scholarships etc.

University/ Institution	Scholarships/ Awards/ Prizes/ Academic Distinctions	Year	Annexure No. (Copy of the Certificate)

15. Research & Publications, if any:
(if space is insufficient, please use a separate sheet)



16. Extra-Curricular Activities
(if space is insufficient, please use a separate sheet)



17. Any other relevant facts



18. Have you entered in to a Bond/Agreement with any of your previous employer/s for Training/Study Programme:

- i. Institute/s :
- ii. Nature of Training/
Study Programme :
- iii. Obligatory Period :
- iv. Date of Commencement:
of obligatory period :
- v. Date of Expiry of
obligatory period :
- vi. Monetary Value of
the Bond :

19. Names, occupations and addresses of two non related referees

Name	Address	Occupation	Contact No

20. Certification by Applicant

I hereby certify that the particulars submitted by me in this application form are true and accurate. I am aware that if any of these particulars are found to be false or inaccurate, I am liable to be disqualified before selection and to be dismissed without any compensation, if the inaccuracy is detected after appointment.

Further, I have enclosed copies of the following documents. (Please insert “√” mark)

Description of Document		Attached	Annexure No
1. Birth Certificate			
2. NIC/Passport			
3. Basic Degree Qualifications			
a.	Basic Degree Certificate		
b.	Transcript/ Detailed results sheet		
4. Postgraduate Qualifications			
a.	Postgraduate Degree certificate		
b.	Transcript/ Detailed results sheet		
5. Authentication letter from UGC (for foreign Degrees)			
6. Professional Qualifications			
a.	Certificates/ Letters		
b.	Special Training		
7. Service Certificates			

Date :.....

.....
Signature of Applicant

21. To be completed by the present employer (If any)

[Mandatory for Employees of the University System/HEI/Government Departments/Corporations and Statutory Board etc.]

I recommend the above application and agree/not agree to release the applicant in case he/she is selected for the post applied.

Any Special Comments:

.....
Signature of the Head of Institution
Name:
Designation:
Date.....

Official Stamp

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Date Received		
Eligibility	Yes	No
Category		
If No, Reasons		
Registrar/Deputy Registrar (Estab.)		
Comments of Head/Dean		