



RAJARATA UNIVERSITY OF SRI LANKA

FORM OF APPLICATION

POST :-

DEPARTMENT :-

01. (a) Name with Initials :
(b) Names denoted by initials :
02. Whether Rev./Mr./Mrs./Miss :
03. (a) Permanent Address :
(b) Postal Address (If any) :.
(c) Contact Telephone No. :
(d) e-mail :
(Any changes should be communicated immediately)
04. National Identity Card No. :
05. (a) Date of Birth :
(b) Age as at the closing date of applications :
06. Civil Status :
07. Gender :

08. Education - Schools attended :
 From -To

(1)

(2)

09. Qualifications - (All qualifications to be considered should be indicated in the application)

(a) University Education :

University	Degree/ Diploma	Class	Date of Commencement	Effective Date	Number of Academic years

(b) Postgraduate Qualifications :

University	Postgraduate Degree/ Diploma	By course of by Research	Date of commencement	Effective Date	Number of Academic years

(c) Professional Qualifications :

Institution	Qualifications obtained	Date of Commencement	Effective Date	Duration

10. Any other academic distinctions scholarships, :
Medals, prizes etc. (indicate the Institution
from which such awards have been obtained)

11. Research & Publications if any :

12. Current and Previous appointments if any,
with dates

Department/ Institution	Post	From	To

13. Extra Curricular Activities :

14. Names of two non related referees with address and contact Nos.

Name

Address

I do hereby certify that particulars submitted by me in this application 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.

Date:.....

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Signature of applicant