



SABARAGAMUWA UNIVERSITY OF SRI LANKA
APPLICATION FOR THE POST OF DIRECTOR OF STAFF DEVELOPMENT CENTRE
(SDC)

01. Name with initials (Prof./Mr./Mrs./Ms.)
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 SDC (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.

.....
 Date

.....
 Signature of Applicant