

**UNIVERSITY HOSPITAL
GENERAL SIR JOHN KOTELAWALA DEFENCE UNIVERSITY**

APPLICATION FOR THE POSTS OF ADMINISTRATIVE AND MEDICAL STAFF

For Office Use only	
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NIC No	
Applied Post	

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

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. 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)

10. 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				Annexure No. (Copy of the Certificate)
				From	To	Yrs	Months	

11. 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	Months	

12. 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 Certificate)
				From	To	Yrs	Months	

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	Months	

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

14. Special details of administrative experience (for Administrative Category)
(if space is insufficient, please use a separate sheet)

15. Any other relevant facts

16. Have you entered in to a Bond/ Agreement with any of your previous employer/s for Training/Study Programme or other purpose?

- i. Nature of Training/ :
Study programme/
other purpose

- ii. Obligatory :
Period

- iii. Date of Commencement of obligatory Period :
- iv. Date of expiry of obligatory Period :
- v. Monetary value of the Bond :

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

Name	Address	Occupation	Contact No

18. 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 certified copies of the following documents. (Please insert "√" mark)

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

Date :.....

.....
Signature of Applicant

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

Applicant can/ cannot be released, if selected for the above post.

Any Special Comments :

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Signature

Name :

Designation :

Date :

**UNIVERSITY HOSPITAL
GENERAL SIR JOHN KOTELAWELA DEFENCE UNIVERSITY
APPLICATION FOR POSTS OF CLERICAL & ALLIED GRADES**

For Office Use only	
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NIC No	
Applied Post	

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

03. Date of Birth:

Year	Month	Date

b. GCE (A/L) Examination

Name of the School :.....	
Index No:	Year :
Attempt :	
Subject	Grade

09. Professional Qualifications, if any: (if space is insufficient, please use a separate sheet)
(Attach certified copies)

Name of the Institute	Name of the Course	Year of Completion	Medium of Study	Results

10. Other Qualifications, if any (Attach certified copies)

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11. Career History (if space is insufficient, please use a separate sheet)
(Attach certified copies)

Employer	Designation & Nature of Work Assigned	Salary drawn per month	Period of Stay	
			From	To

(Start with present employment)

12. Extra-Curricular Activities:

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13. Details of two non-related referees :

Name	Designation	Address	Contact No.

I declare in honor that the information given above are true and accurate to the best of my knowledge. I am aware that if any information given in the application are found to be incorrect, prior to my selection. I am liable to be disqualified, and if it is found after the selection I am liable to be dismissed without any compensation.

Date:

.....
Signature of Applicant

CERTIFICATION OF APPLICANTS SERVICE
(for employees of Government Institutes, Government Cooperation's and Statutory Boards)

I certify that the applicant is Known to
me personally, that he/she is employed in
....., and that he/she can be released from
this Department/Board / Corporation if he/she is selected for the above post.

(Delete irrelevant words)

Signature of the certifier :

Full name of the certifier :

Post :

Address :

Date: