UNIVERSITY OF RUHUNA FORM OF APPLICATION

Post:	Post: Department:						
Full nam	e of the ap	plicant:					
Name wi	th initials:						
Identify	card nun	ıber:					
2. i. Gender Reverend	1		1		ii. Civi	l Status	
Male	* <u> </u>				Married	l	
Female]		Unmarr	ried	
6. Present Postal	Address:		1		Perma	nnent Add	ress:
E mail:							
Γ'phone No. (im)	portant: F	l. mention	your current ope	erative nu	ımber/s.):		
4. Date of Birth Age as at closing Date							
Year	Month	Date		Year	Month	Date	
5. Citizenship							
By descent			Byl	Registrati	ion		
5. GCE O/L Exa	mination F	Results					
		Su	bject				Grade

7	GCE	Δ / I	Eva	min	ation	Resi	n1te
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Subject	Grade

8. University Education

Name of the University	From	То	Degree Course followed with Subjects	Effective date of the degree
Postgraduate Degrees/Diploma				

(please attach copies of degree certificates obtained.)

9. (i) Professional/Special Qualifications and Experience

(ii) Research & Publications

10. Employment record

Post held	Institute	From	То	Number of month	Last drawn salary

1	1.	Present	Occu	pation

Occupation	Institute	From	То	Number of month	Salary drawn

12. Other diplomas, Memberships, Fellowships etc.

Institute	Diploma etc.	Year

13. Professional Qualifications

Institute	From	То	Examinations passed or Degrees etc. obtained

14.

Proficiency in Sinhala/Tamil/English										
Language	Abi	Ability to Work					Ability to Teach			No
	Very good	Good	Fair	knowledge	Very good	Good	Fair	knowledge		
Sinhala										
Tamil										
English										

15. Referees

Name Designation Address

1.

2.

I am aware that if any of particulars	omitted by me in this application are true and accurate. Is are found to be false or inaccurate. I am liable to dismissed without any compensation, if the inaccuracy
Date	Signature of Applicant
For Public Service/Corporations/Statutor Application for the Post of	
Name	
Designation	
Date	
Seal	
(N.B. When applying for several posts, each	h post should be applied for separately)