

## WAYAMBA UNIVERSITY OF SRI LANKA

## KULIYAPITIYA FORM OF APPLICATION

[N.B. All information furnished in this application should be substantiated with documentary evidence. Alteration to the format of this application is not allowed.]

POST  DEPARTMENT			
1. Name in Full : Underline Surname			
2. Whether Rev ./Mr./Mrs./Miss.			
3. Postal Address:   (any change should be communicated immediately)			
4. Telephone Number E-mail Address : (if available)	Office: Residence: E-mail:	Fax: Mobile:	
5. Date of Birth & Age:		6 (a). Civil Status: (b). N.I.C. No.	
7. Whether Citizen of Sri Lanka: (State whether by descent or by registration: if by registration give reference number & date of certificate of citizenship)			

8. Education - Schools attended		<u>From</u>		<u>To</u>	
(i)					
(ii)					
(iii)					
(iv)					
9. University Education : (Degrees, Diploma etc.) University	From	То		llowed (with pjects)	Results (with Class/Grade and the Equivalent GPA)
10. Postgraduate qualifications [State whether by course work or research, duration, effective date, University and the no. of credits earned from research]					
11. Special/ Professional Qualifications etc.					

12. Academic distinctions, Scholarships, Medals, Prizes, etc. (Indicate the institution from which such awards have been obtained)	
13. Research & Publications, if any: (If space is insufficient, please use separate sheet)	
14. Proficiency on Languages: Highest Examination passed in; Sinhala -  Tamil -  English -  Other -	

15. (a) Present occupation:				
1. Post:				
2. Employer with address and contact information				
3. Date of appointment to such post:				
4. Whether confirmed in the present post:				
5. Salary scale of the post;				
6. Present Salary: (a) Salary step:				
(b) Allowances				
b) Previous appointments ,if any, with dates and periods stating from the recent most <u>Department/Institution</u>	<u>Post</u>	<u>From</u>	<u>To</u>	<u>Duration</u>
			Total	YM
c) Administrative Experience, if any				

<ul> <li>d) Particulars of Bond Obligations to Higher Educational Institution/ Institute, if any:</li> <li>(i) Obligatory Period:</li> <li>(ii) Amount Due:</li> </ul>				
16. Where a period of experience is a requirement for the post applied, state period of such experience with details: <u>Department/Institution</u>	<u>Post</u>	<u>From</u>	<u>To</u>	<u>Duration</u>
17. Extra - Curricular activities :			Total	YM
17. EXIIA - CUITICUIAF ACTIVITIES :				

18. Brief Career Vision (Not more than 200 words) [Relate your background, experience and future interests]		
19. In the event of being selected please indicate the duration within which you would be able to assume duties.		
20. Names of two non –related persons to w	vhom refere	ence can be made : ( with addresses)
Name & Address	, 110111	
1		Tel. No
		Email
		Fax No
2		Tel. No
		Email
		Fax No
	•••••	

21. I hereby certify that the 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 inaccura	ate, I am liable to be disqualified before selection and to be
dismissed without any compensation if the inaccuracy i	s detected after appointment.
Date :	
	Signature of Applicant
<b>Recommendation of the Head of the Institution</b>	
(If employed at Higher Education Institution, Government	ent Departments and Government Corporations)
I recommend and forward herewith the application of agree/ do not agree to release him/ her if selected to the	post applied for. for the above post and
Any Other Observations:	
Date :	O' / / I O / I V ' / /
	Signature/ Head of the Institution
	Official Stamp