POSTGRADUATE INSTITUTE OF MEDICINE
UNIVERSITY OF COLOMBO

FORM OF APPLICATION

Post:

1. Name in Full   :

2. Whether Mr./Mrs./Miss   :

3. Postal Address (Any changes should be communicated immediately)

    Telephone No.   Residence   -
                       Office   -

    Email   :

4. (a) Date of Birth :   (b)   Age as at closing date of Application

Years	Months	Dates

5. Civil Status   :

6. State whether citizen of Sri Lanka by Descent
    or Registration. If by registration, give Registration No. :

7. State whether Sinhala, Tamil ,
     person of Indian origin or Muslim   :

8. Educational Qualifications (Pre – University)

Name of Exam	Index No.	Subjects	Grades

9. University Education   From   To   Course followed   Date of final
    (Degree, Diploma, etc)   (with subjects)   Examination
    and the Name of University   (Give Class
                                                               or Grade)

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10. Professional Qualifications (Details with the Dates of obtaining such Qualifications)

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11. Postgraduate qualifications (Details with the Dates of obtaining such Qualifications)

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

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13. Research and Publications if any : (the name of the Journal in which the publications
    have been made and date of journal should be mentioned)

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14. Highest examinations passed in Sinhala/English

    1.Sinhala

    2.English

15. Present Occupation
    a. 1.Post :

        2. Date of appointment to such post :

        3. Whether confirmed in the present post   :

        4. Place of work   :

        5. Salary scale of the post   :

    6.   Present salary   (a)   Basic
                                       Salary   :
                          (b)   Allowance   :

    b. Previous appointments including those under training, if any With dates

Department/Institution	Post	Salary Scale	From	To

16. Where a period of experience is a requirement for the post applied state period of such
    experience :

17. I certify that all particulars stated by me in this application are true and accurate, I am aware
    that if any particulars are found to be false or inaccurate prior to my selection, will be reject
    and that if particulars are found to be false or inaccurate after my selection, I will be
    dismissed from the service without compensation.

                                                    Signature of applicant
    Date