THE OPEN UNIVERSITY OF SRI LANKA

FORM OF APPLICATION

POST	: DI	IVI	SION	1:		CENTRE :
(Ind	icate the name of the post as giv	<i>r</i> en	in	the	advertisement)	
01.	(a) Name with initials	:				
	(b) Names denoted by	:				
	initials					
02.	Whether Rev/Mr/Mrs/Miss	:				
03.	(a) Postal Address	:				
	(Any change should be					
	communicated immediately)					
	(b) Tel. No	:	Re	S.	Off.	
	Fax No	:				
	E-mail	:				
04.	(a) Date of Birth	:				
	(b) Age as at the closing	:				
	date of applications					
05.	Civil Status	:				
06.	Whether Citizen of Sri Lanka	:				
	(State whether by descent or by					
	registration) if by registration give reference					
	number & date of certificate of					
	citizenship					
07.	Education - School Attended	:			From	<u>To</u>
	(1)					
	(2)					
	(3)					
	(4)					
	(5)					

08.	University	Education:	Copies	should	be	attached

Degrees/Diploma	Class	University	Effective	Duration
			Date	
1.				
2.				
3.				
4.				
5.				

09. Professional Qualifications:

Institution	Qualifications obtained	Effective Date	Duration
1.			
2.			
3.			
4.			
5.			

10. Postgraduate Qualifications:

Postgraduate	University	By Course	Effective	Duration
Degree/ Diploma		or	Date	(Prescribed
		By Research		period of
				Registration)
1.				
2.				
3.				
4.				
5.				

11.	disti medal (Indi from	ther academic nctions, scholarships, s, prizes etc. cate the Institution which such awards have obtained)	
12.	any (insuf	rch & Publications if If space is ficient, please use ate sheet of same size)	:
13.		under which category re eligible to apply	:
14.		st examination passed	
15.	(a)	Present occupation	:
	(b)	Date of Appointment	:
	(c)	Salary drawn	:
		(State whether basic or consolidated)	
	(d)	Name of Employer/ Institution & Address	:
	(e)	Previous appointments if any with dates	:
16.	Extra	Curricular activities	:

17.	Any further relevant : particulars	
	(Not included above)	
18.	Name of two persons (with addresse	as to the reference can be made)
10.		
	Name	Address
	1	
	2	
true fals dism	and accurate. I am aware that if	ubmitted by me in this application are any of these particulars are found to be disqualified before selection and to be the inaccuracy is detected after
Da	te :	Signature of Applicant
Reco	mmendation by the Head of the inst	itution:
in c	I recommended the above applicati	on and agree to release the applicant plied for

Signature of the Head of Institution

DECLARATION FORM

Every applicant should fill this form

1.	Post applat the Ope	en	:		
2.	Full Name		:		
3.	Address		:		
4.	Designation	on	:		
5.	Name of E	mployer	:		
6.	6. Address :		:		
7.	Reasons for leaving properties		:		
	ne of Dloyer	Designa	tion	Duration	Reasons for leaving whether terminated/dismissed/vacated/retired/resigned/released on secondment
1.					
2.					
3.					
4.					
5.					

8.	=		to a Bond/ Agreement with any of your for Training/Study Programme:
i	Nature of Training/ Study programme	:	
ii.	Obligatory Period	:	
iii.	Date of Commencement of obligatory period	:	
iv.	Date of expiry of obligatory period	:	
V.	Monetary value of the Bond	:	
I dec knowl		ve	information is true to the best of my
Date	:		Signature of Applicant

Observations of the Head of the Institution.

- N.B. 1. Written answers should be provided in each section. Leave no section unanswered. If any section is not applicable please write word "inapplicable."
 - 2. If the space provided under each section is inadequate, you are free to use additional paper and place your signature and date on each such additional paper.
 - 3. Copies of Educational Certificates/ Training Programs/ Experience should be annexed with the application.