



## RAJARATA UNIVERSITY OF SRI LANKA

### FORM OF APPLICATION

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**POST** :-

**DEPARTMENT** :-

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01. (a) Name with Initials :
- (b) Names denoted by initials :
02. Whether Rev./Mr./Mrs./Miss :
03. (a) Permanent Address :
- (b) Postal Address (If any) .:
- (c) Contact Telephone No. :
- (d) e-mail :
- (Any changes should be communicated immediately)
04. National Identity Card No. :
05. (a) Date of Birth :
- (b) Age as at the closing date of applications :
06. Civil Status :
07. Gender :

08. Education – Schools attended :  
 From -To

(1)

(2)

09. Qualifications – (All qualifications to be considered should be indicated in the application)

(a) University Education :

University	Degree/ Diploma	Class	Date of Commencement	Effective Date	Number of Academic years

(b) Postgraduate Qualifications :

University	Postgraduate Degree/ Diploma	By course of by Research	Date of commencement	Effective Date	Number of Academic years

(c) Professional Qualifications :

Institution	Qualifications obtained	Date of Commencement	Effective Date	Duration


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

11. Research & Publications if any :

12. Current and Previous appointments if any,  
with dates

Department/ Institution	Post	From	To

13. Extra Curricular Activities :

14. Names of two non related referees with address and contact Nos.

**Name**

**Address**

I do hereby certify that 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 inaccurate, I am liable to be disqualified before selection and to be dismissed without any compensation if the inaccuracy is detected after appointment.

Date:.....

.....  
Signature of applicant