



UNIVERSITY GRANTS COMMISSION FORM OF APPLICATION

POS (I	T:ndicate the name of the post as given	in the	e ac	lver	tiseı	 mer	 nt)							
— 01. (a	a) Name with initials													
(b) Names denoted by Initials :														
02.	Whether Rev./Mr./Mrs./Miss (Snr. Prof./Prof./Dr.)	:[]					 	 	
03.	(a) Postal Address													
	(Any change should be communicated immediately)													
	(b) Contact Telephone No.	:												
	(c) E-mail Address :													
04.	National Identity Card No.	 :												
05.	(a) Date of Birth	:		Y	ear		Mo	nth		D	ate		 	
	(b) Age as at the closing date of application	: :		Y	ears		Mo	nths	5	D	ays			
06.	Civil Status	:										 	 	
07.	Whether Citizen of Sri Lanka (State whether by decent or by registration) if by registration,	:											 	

(State whether Sinhala, Tamil, person of Indian Origin or Muslim)

give reference number & date of certificate of citizenship

08.

Race

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Degrees/Diplomas	Class	University	Cor	Date of nmence		-	Duration		
			Year	Month	Date	Year	Date Month	Date	
l .									
(b) Professional Qualifi									
(Attach copies of certifi	icates)	figations Obtained	Con	Date of			Effectiv	re	Duroti
	icates)	fications Obtained		Date on menco		Year	Effectiv Date Month		Duratio
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(Attach copies of certifi Institution 1.	icates)	fications Obtained		nmence	ement		Date		Duration
Institution 1. 2.	icates)	fications Obtained		nmence	ement		Date		Duration
(Attach copies of certifi Institution 1.	icates)	fications Obtained		nmence	ement		Date		Durati
Institution 1. 2. 3.	icates)	fications Obtained		nmence	ement		Date		Durati
Institution 1. 2.	icates)	fications Obtained		nmence	ement		Date		Durati
Institution 1. 2. 3.	icates)	fications Obtained		nmence	ement		Date		Durati
Institution 1. 2. 3.	icates)	fications Obtained		nmence	ement		Date		Durati

(C) Postgraduate Qualifications.

(Attach copies of certificates)

Postgraduate	University	ersity By Course or		Date of Commencement			Effective Date	Duration (Prescribed	
Degree/Diploma	Degree/Diploma University		Year	Month	Date	Year	Month	Date	period of Registration
1.									
2.									
3.									
4.									
5.									

(d) Training/Workshops

(Attach copies of certificates)

T	Name of the Training Programme/Workshop		From			То	Duration	
Institution			Month	Date	Year	Month	Date	Duration
1.								
2.								
3.								
4.								
5.								

10. Any other academic distinctions scholarships, medals, prizes etc.:
(indicate the Institution from which such awards have been obtained)
(Attach copies of certificates)
(If space is insufficient, please use separate sheet of same size)

11.	(a)	Research & Publications: (If space is insufficient, please use separate she	eet of same size)						
	(b)	Extra- Curricular Activities:							
12.	·····(2	n) Present Occupation :							
		1. Post	:						
		2. Date of appointment to such post	:						
		3. Whether confirmed in the present post	:						
		4. Place of work with the Address	:						
		5. Salary Scale of the post	:						
		6. Present Salary a. Basic Salary	·:						
		b. Allowances	:						

(b)	Previous appointments if any, with dates:
	(Attach copies of service certificates)

	Department/ Institution			Perio	d of Se	Salary	Reason for		
Post		From				To		Scale Scale	Cessation of
1 050		Year	Month	Date	Year	Month	Date	Searc	Employment

				Contd/5			
. ,	experience gained a	s at the closing da	ate of Application	as			
reievant to	Years	Months	Days				
` '	have obtained no-pariod of such leave	ay leave during th :	is period, state re	easons and			
(c) Qualifica	ations & Experience	e relevant to Qual	ity Assurance:				
Qualification	ons/ Experience		Details				
14. (Names of two	non related referee	s with addresses a	and Contact Nos.)				
			·				
Name	Designa	tion A	ddress	Contact No: Email Address			
1.							
2.							
2.							
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:	•••••		Signat	ure of Applicant			

Secretary,	
University Grants Commission.	
	forwarded. I certify that the particulars given in numbers ect according to the applicant's personnel file and if he / she is
selected for the said post he / she ca	§ 11 1
Remarks if any:	
	Vice-Chancellor /Rector/Director
	Institute:
Date:	