UNIVERSITY OF COLOMBO

SRI LANKA

APPLICATION FORM

(Please type or write legibly)

	POST DEPARTMENT					
1.	Name in Full: Underline Surname (see note (I) below)					
2.	Whether Dr./Mr./Mrs./Miss					
3.	Postal Address: (any change should be communicated immediately)					
4.	Telephone numbers & e mail address	Telephoi				
5.	Date of Birth & Age:			(6. Civil Sta	itus
7.	Whether Citizen of Sri Lanka: (state whether by descent or by registration; if by registration, give reference number & date of certificate of citizenship)				NIC No:	
8.	Education – Schools attended	From			То	
	1.					
	2.					
	3.4.					
	·-		Γ	Γ		
9.	University Education: (Degrees, Diplomas etc.) University (see note (II) below)	From	То	Course followed (with subjects)		Results Give Class or Grade)

10.(a) Special Qualification Professional etc.)	ns: Class	Distinctions	Medals & Prizes	Other Remarks
2 nd M. B. B. S				
3 rd M. B. B. S				
Final M. B. B. S				
10.(b) For applicants who	have followed MBE	3S (Colombo) afte	er 1995 (III)	
	Class	Distinctions	Medals & Prizes	Other Remarks
Introductory Basic Sciences Stream				
Applied Sciences Stream				
Behavioural Sciences Strea	m			
Community Stream				
End of Course Examination Clinical Sciences Stream	of			
Clinical Sciences Stream				
Cumulative MBBS Result				
11. Postgraduate qualification obtaining same	cations & dates of			
12. Any other academic Scholarships, Meda (include the institution awards have been ob	ls, Prizes, etc. from which such			

13.	Research & Publications, if any: (if space is insufficient, please use separate sheet)	
14.	Highest Examination passed in:	Sinhala
14.	Highest Examination passed in:	Tamil
		English
15.	English Language skills:	
16.	Computing & Information Technology	
	a. Qualifications:	
	b. IT skills:	
17.	Leadership /management experience:	
18	Extra Curricular activities	
19	Special skills:	
20.	Creativity (including patents):	

21 (a)	Present occupation place, date of appointment and basic salary drawn:				
(b)	Previous appointments, if any, with dates:				
	Department/Institution	Post	From To		
22.	Any further relevant particulars: (not included above)				
23.	In the event of being selected please indicate the latest date on which you would be able to assume duties:				
24.	Names of two persons (with addresses) to whom reference can be made:	Name	Address		
	Email & telephone Nos.				
25.	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 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 A	Applicant		
	commendation of the Head of the Instit		orporations)		
I recommended and forwarded herewith the application of					
Dat	Date:				