

UNIVERSITY OF VAVUNIYA, SRI LANKA

FORM OF APPLICATION

(ACADEMIC & ACADEMIC SUPPORT POSITIONS)

POST APPLYING FOR:				
DEPARTMENT:				
1. Name in Full:				
(See note below)				
2. Whether				
Rev./Prof./Dr./Mr./Mrs./Miss:				
3. (a) Postal Address:				
(Any changes should be communicated in	nmediately)			
(b) Contact T.P. No:				
(c) Mobile No. :				
(d) Fax No. :				
(e) E-mail address :				
4. (I) Date of Birth & Age:				
(ii) Identity Card No :				
5. Civil Status :				
6. State whether citizen of Sri	Lanka by			
Descent or Registration. If by				
registration, give Registration No:				
7. Education School attached				
1.				
2.				
3.				
4.				
8. University Education	From	То	Course followed	Results (Give
(Degree, Diploma etc. and the	110111	10		class or grade and
Name of the University)			(Subject/s) &	
rune of the Oniversity)			Registration No.	effective date)

Note : If you were registered as a student in University under any other name please indicate such name within brackets.

9. Special Qualifications (Professional etc.)		
10. Postgraduate Qualifications (Specify the effective date, field of study and duration of the study)		
11. Any other Academic Distinctions, Scholarships, Medals, Prizes etc. (Indicate the Institution from which such awards have been obtained)		
12. Research & Publications, if any: (If space is insufficient, please use separate sheet of same size) The name of the Journal in which the Publications has been made and the date of the Journal should be mentioned.		

13. Higher Examination passed in					
Tamil/ Sinhala					
14.Present Occupation					
i. Designation:					
ii. Date of Appointment:					
iii. Dept. /Institution and its address:					
iv. Nature of Appoin	tment: Perma	nent/Contract/Temporar	y/Casual		
v. Salary scale:					
a. Basic salary:					
b. Allowance:					
b. Previous appointments, if any with dates.					
	ъ.		Date		
Department/Institution	Post	Salary Scale	From	To	
c. If you are retired from Government Service, give date of retirement, the last salary drawn and the pension.					
d. If your services in a Government Department or a Corporation were terminated, give reasons.					
15. Extra Curricular activities					

16. Any further relevant particulars. (Not included above)	
17. Name of Two persons (with address	ss to whom reference can be made)
Name	Address
1	
2	
inaccurate, I am liable to be disqualified without any compensation if the inaccurate inaccurate.	ried before selection and to be dismissed uracy is detected after appointment.
Date:	Signature of applicant
18. If the applicant is an employee in a Board this section should be filled be Institution. The applicant will/will not be release	
Name :	Head of Institution
1 VUITE	
Designation:	
Date :	