

For office use.	•	

BUDDHIST AND PALI UNIVERSITY OF SRI LANKA

Application Form

I	Post applied															
II	Department															
1.1	Surname with initials															
	(in block capitals)															
1.2	Name in full (in block capitals)															
				(сору	of the	birth	cei	rtificat	e sho	uld be	attac	hed)			
1.3	Civil Status															
1.4	Gender															
1.5	NIC/Passport No.															
1.6	Date of Issue of NIC/Passport															
	T	1														
2.1	Postal Address															
2.2	D															
2.2	Permanent Address															
2.3							2.4		Ma	bile						
2.3	Telephone (Residence)						2.4				itory)					
	(Mandatory)										• • • • • • • • • • • • • • • • • • • •					
2.5	Email Address															
3.1	Date of Birth	Ye	ar				N	Ιо	nth				D	ate		
3.2	Age as at the	**						_					1			
	closing date of application	Yea	ars				M	loi	nths				Da	ays		
3.3	Whether citizen of						3.4	1	If by 1	regis	tration	oive				
3.3	Sri Lanka by						۶.٦	•	refere	nce i	number	and				
	descend or by						the date of certificate of citizenship									
	registration															

4	Scho	Schools attended							
	Name of the School From To								
	1.								
	2.								
	3.								

5	University Edu	ication					
	Degree Title	University/Institute	Course Duration	Effective Date	Class or Grade	Courses/subjects followed	
	(copies of the degree certificates/transcripts containing details requested under 6 should be attached)						

6	Postgraduate (Qualifications					
	Degree Title	University/Institute	Course Duration	Effective Date	Class or Grade	Courses/subjects followed	
	(copies of the degree certificates/transcripts containing details requested under 7 should be attached)						

7	Other Diplomas, etc.				
	Institute	Diploma, etc.	Year		
	· · · · ·				
	(copies of	the Diploma certificates should be attached)			
8	8 Highest Examination passed in Sinhala/Tamil with grade (indicate whether Degree/A.L/O.L/etc)				

9	Proficiency	in Sinhal	a/Tamil/E	nglish					
	Language	Ability to work			No	Ability to		No	
		Very Good	Good	Fair	Knowledge	Very Good	Good	Fair	Knowledge
	Sinhala								
	Tamil								
	English								

10	Knowledge of	f Other Lang	guage								
	Language	Ability to S	Ability to Speak			Ability to Read			Ability to Write		
		Very	Good	Fair	Very	Good	Fair	Very	Good	Fair	
		Good			Good			Good			
	_										

11	Professional M	emberships								
	Membership ty	pe		Institute					e on wh	
	(Co-operate /A	ssociate etc)					m	embe	rship av	warded
		(:C:	11 _	1	-1\			
		(соріє	es of the membership	certificates	s snouta	be attacne	a)			
12	Any other Acad	demic Distinct	tions, Scholarships,	Medals, P	rizes, e	tc.				
	Academic Dist	inctions, Scho	larships, Medals, P	rizes, etc.]	<u>Instit</u>	ution		
10	D 10D	1.1' ' 'C								
13	Research & Pu	blications, if a	ıny							
14	Past experience	e relevant to th	ne post applied							
17	Designation	Name	e of the Employer	-	Fre				To	
				DI) MM	YY		DD	MM	YY
					1					
					1					
		, ,	C.1			7	7)			
l		(copi	es of the experience	certificates	should	be attached	1)			

15	Present employme	ant						
13	Designation Designation	Name of the Employer	Date of Appointment	Sector (Government, Private, etc)	Salary Drawn (State whether basic or consolidated			
		(Copy of the appoi	intment letter sh	ould be attached	d)			
16	Particulars of bone	d obligations to Higher Ed	ducational Inst	itutions/Institut	tes			
10	Name of the	Institutions/Institute	Obligator period	y A	amount due in Rupees			
17	Salary point expected from the University within the salary scale advertised and reasons to establish your claim							
	Salary expected]	Reasons				
18	Extra curricular ac	ctivities						
19		sses of two persons to who		an be made				
	1		2					

20	Any other inform	nation not indicated above.	
21	I hereby certify t	hat the particulars submitted by me i	in the application and its annexure are true and
21	accurate. Lam av	ware that if any of these particulars ar	re found to be false or inaccurate, I am liable to
	be disqualified b	before selection and to be dismissed	without any compensation if the inaccuracy is
	detected after the		
	Date		Signature of the Applicant
22	Recommendation	by the Head of the Institution (Emp	ployees of Government Departments, HEIs,
	Corporations, etc	2)	
	I recommend the	e above application and agree/not as	gree to release the applicant in case he/she is
	selected for the p		Sie to release the appreciate in case negotie
	r	T	
	D-4-	N	Cinnerton of the Head of Legiterian
	Date	Name	Signature of the Head of Institution
			0.55 + 1.0
			Official Stamp
	I		