UNIVERSITY OF COLOMBO

SRI LANKA.

FORM OF APPLICATION

POST				
DEPARTMENT	•••••			
1. Name in Full : Underline Surname (see note (I) below)				
2. Whether Rev./Mr./Mrs./Miss				
3. Postal Address: (any change should be communicated immediately)				
4. Telephone Number & e mail address (if available)				
5. Date of Birth & Age:				6. Civil Status :
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
(i). (ii). (iii). (iv).				
9. University Education: (Degrees, Diplomas etc.) University (see note (II) below)	From	То	Course followed (with subjects)	Results (give Class or Grade)

10. Postgraduate qualifications & dates of obtaining same :	
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.) 13. Highest Examination passed in	
13. Highest Examination passed in Sinhala/Tamil:	

14. (a) Present occupation , place, date of appointment and basic salary drawn:			
(b) Previous appointments, if any, with dates: <u>Department / Institution</u>	Post	Erom	То
<u>Department / Institution</u>	<u>Post</u>	<u>From</u>	<u>To</u>
15. Extra - Curricular activities :			
16. Any further relevant particulars:			
(not included above):			

18. Names of two persons (with addresses) to whom reference can be made:	Name 1	Address	
		. No: Fax No: nail :	
19. I hereby certify that the particulars submaware that if any of these particulars are before selection and to be dismissed wit appointment.	found to be false or inaccurat	e, I am liable to be disqualifie	ed
Date:		Signature of Applicant	•••••
Recommendation of the Head of the Ir (If employed at Higher Educational Institutions, Govern		at Corporations)	
I recommended and forwarded herewith above post and agree/ do not agree to release him/he			he
Date:		Head of the Institution	•••••

17. In the event of being selected please indicate the latest date on which you would be able to assume duties.