

SABARAGAMUWA UNIVERSITY OF SRI LANKA Application Form for the Non-Academic Staff (External)

	plication for the Post of :	
(Sta	ating the post is compulsory)	
01.	Name with initials (Mr/Mrs/Ms)	
02.	Name denoted by initials	
03.	Permanent Address 04. Temporary Address	
05.	Telephone number	
	(i) Mobile: ii). Permanent:	
06.	E – mail Address:	
0.7	D. CD: 4	
07.	Date of Birth: 08. NIC No:	
09.	Gender:	
10.	Civil Status:	
11.	Age on the closing date of application: year: month: date:	
10		
12.	Nationality:	
13.	State whether citizen of Sri Lanka by Descent of Registration.	
	(If by Registration, give Registration No.):	

14. Education Qualification :

a). G.C.E.(O/L) : (Please attach the copies of certificates)

	Year of the 1st Attempt :		Year of the 2 nd Attempt :	
	Index no	•••••	Index no	
	Subjects passed :	Grade:	Subjects passed :	Grade:
01.				
02.				
03.				
04.				
05.				
06.				
07.				
08.				
09.				
10.				

	Year of the 1st Atte	mpt :	Year of the 2 nd Atte	empt :	Year of the 3 nd Atte	empt:
	Index no.		Index no		Index no	
	Subjects passed :	Grade:	Subjects passed :	Grade:	Subjects passed :	Grade :
01.						
02.						
03.						
04.						
05.						

c). University Education: (Please attach the copies of certificates)

University/Higher	Period	Courses followed	Subjects	Class	Effective
Education	From/ To	(Degrees,	followed		Date
Institute		Diplomas etc:			

15. Professional Qualifications: (Details with the date of obtaining such qualifications)

Name of the Institute &	Name of the Training	Duration of Study	Year of the
Address	and Proficiency	(Month/ Year)	completion
	Certificate		

Sinhal	
Englis	sh:
Extra	curricular activities (Please attach the copies of certificates)
(Sport	s, cadet, scouts, leadership, arts, literature and social welfare etc,.)
(i)	National Level:
(ii)	Provincial Level :
(iii)	Divisional Level/ Zonal Level/ University Level:
(iv)	School Level:

From/ To Months/ Years Months Years Months Years Months Years Months Months Years Months Months Years Months	Post		Name of the Institute and Address	Duration	Period
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Department/Institute Post ETF No. Period(From-T	b)	Dravi -		8	
Any other Particulars (If this row is not sufficient, please annex in an attachment)				ETF No.	Period(From-To)
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Any other Particulars (If this row is not sufficient, please annex in an attachment)			L	I	L
	Any oth	er Partic	culars (If this row is not sufficient, pleas	e annex in an attachme	nt)

If a period of experience is a requirement for the post applying, state periods and Institute of such

18.

experiences obtained:

23.	Declaration of Applicants:	
	I certify that all particulars stated by me in this application are particular given here is false or inaccurate prior to my selection particulars are found to be false or inaccurate after my selection compensation.	on, my application will be rejected and that is
	Date :	Signature of applicant

NOTE : Applicants in the services of Government Corporations or Statutory Boards should forward their applications through the respective head of the Institution.

24. Forwarded:

I certify that the particulars given in columns 01 to 22 of this application are correct according to the applicant's personal file. He/ She could be released/ could not be released from this Institution if selected for the appointment. A bond exists/ does not exist between him / her and our Institute.

ature of Head of the Dept/Institution
Rubber Stamp