## GENERAL SIR JOHN KOTELAWALA DEFENCE UNIVERSITY APPLICATION FOR THE POST OF TEMPORARY ACADEMIC SUPPORT STAFF

For Office Use only	
NIC No	
Applied Post (Please put " $$ " mark on the box)	Temporary Demonstrator
Faculty	
Department	
Preferred Field of Teaching (Specialized area)	
Other fields interested to teach	
01. Full Name (In block letters)	
Name with initials	Dr/Mr/Ms
02. a. Permanent Address	
b. Tel No	Residence
	Mobile
c. E-Mail	
d. Fax	
e. Skype ID	

03.	Date of Birth	Year	Mont	:h	Date	
0.4						
04.	Age (as at closing date)	Years	Mont	hs	Days	
05.	Civil Status	Marrie	ed		Single	
06.	Gender	Male			Female	
07			<u></u>			
07.	Sri Lankan Citizenship	By Desc	ent	By Registration		
08.	School/s Attended					
00.	School, o'i Mended					
00		Sinhala				
09.	Highest Examination Passed in	Tamil				
		English				

10. University Education (Basic Degree)

Basic Degree	Effective Date	Awarded Institute	Medium	Special or General Degree	Subjects Followed	Class (Pl. indicate clearly)	Annexure No. (Copy of the Certificate)

## 11. Postgraduate Qualifications

(if space is insufficient please use a separate sheet)

Degree/Diploma Course	Effective		Full time		Duration				Credits		Annexure No. (Copy
(by research or by Examination)  Date  In	Institute Awarded	or part time	From	То	Yrs	Mts	Course work	Research / Thesis	Total	of the Certificate)	

12. Professional Qualifications
(PGIM Board certification, Chartered Qualifications, Attorney at Law, etc.)
(if space is insufficient please use a separate sheet)

	Educational and professional qualifications							
Sr. No.	Qualification	Effective	Institute Awarded	Duration				Annexure No.
140.	Qualification	Date	Date Institute Awarded		То	Yrs	Mts	(Copy of the Certificate)

## 13. a. Present Occupation: (if space is insufficient, please use a separate sheet)

		Nature of work			Period of service			Annexure
Place of Work		Salary drawn per month	From	То	Yrs	Mts	No. (Copy of the Service Letter)	

b. Previous Occupations: (if space is insufficient, please use a separate sheet)

Sr. No.			Annexure No. Copy of Service Letter)				
110.	Trace of Work	Designation/10st	From	То	Yrs	Mts	Letter)

14. Details of Awards/Scholarships etc.

University/ Institution	Scholarships/ Awards/ Prizes/ Academic Distinctions	Year	Annexure No. (Copy of the Certificate)

	Research & Publications, if any: ace is insufficient, please use a separate sheet)
	Extra-Curricular Activities (if space is insufficient, please use a separate sheet)
17.	Any other relevant facts

		d in to a Bond/Agre aining/Study Programm	<u>-</u>	your previous
i.	Institute/s	:		
ii.	Nature of Traini Study Programr	ng/ : ne		
iii.	Obligatory Perio	od :		
iv.	Date of Commer of obligatory pe	ncement: riod		
v.	Date of Expiry o			
vi.	Monetary Value the Bond	of :		
19. N	lames, occupation	ns and addresses of two r	on related referees	
	Name	Address	Occupation	Contact No

## 20. Certification by Applicant

I hereby certify that the particulars submitted by me in this application form 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.

Further, I have enclosed copies of the following documents. (Please insert"  $\vee$  " mark)

Desc	cription of Document	Attached	Annexure No		
1. Bi	rth Certificate				
2. N	IC/Passport				
3. Ba	sic Degree Qualifications				
a.	Basic Degree Certificate				
b.	Transcript/ Detailed results sheet				
4. Pc	estgraduate Qualifications				
a.	Postgraduate Degree certificate				
b.	Transcript/ Detailed results sheet				
5. Aı	uthentication letter from UGC(for foreign Degrees)				
6. Pr	ofessional Qualifications	•			
a.	Certificates/ Letters				
b.	Special Training				
7. Se	7. Service Certificates				
Date :					

21. To be completed by the present employer (If any)							
Applicant can/ cannot be released, if selected for the post applied at General Sir John Kotelawala Defence University.							
Any Special Comments :							
Signature							
Name :							
Designation:							
Date :							
For Office Use Only							
Date Received							
Eligibility	Yes	No					
Category							
If No, Reasons							
Registrar/Deputy							
Registrar							
(Establishment)							
Comments of	Comments of						
Head/Dean							