

INSTITUTE OF HUMAN RESOURCE ADVANCEMENT UNIVERSITY OF COLOMBO

	(Application for the Internal Applican	_
01.	(a) Name with Initials: (Whether Mr/ Mrs/ Miss)	
(b)	Names denoted by Initials:	
02.	Postal Address: (Permanent)	
	(Temporary)	
03.	Place of work:	
04.	Date of Birth:	Age as at the closing Date
	(Attach copy of Birth Certificate)	Year: Date:
05.	Nationality:	
06.	Civil Status:	
07.	Contact No:	E-mail Address:
08.	State Whether a citizen of Sri Lanka be Descent or Registration. If by registration, give Registration.	•
09.	District:	

10. Educational Qualifications (Attach copies of Certificates)

(a) (G.C.E. O/L

1st Sitting - Year:		2 nd Sitting - Year:		
Subjects Passed	Grade	Subjects Passed	Grade	

(b) (G.C.E. A/L)

1st Sitting - Year:		2 nd Sitting - Year:		
Subjects Passed	Grade	Subjects Passed	Grade	

(c) Higher Education (Attach copies of Certificates)

University/Name of Higher Educational Institution/Institute	Course/Degree followed	II luration	Date of final examination

	Department/ Institution		Post	Salary Scale	From - To
1	5. Previous appointments including	g those un	der training if a	ny with dates:	
	Present Salary: Basic: Allowances:				
	Salary Scale:				
	Place of work:				
	Whether confirmed in the post:				
	Date of appointment:				
	Post:				
1	4. Present Occupation				
1	3. Where a period of experience is Experiences (<i>Attach copies of C</i>	Certificate.	s)		
	English:				
	Sinhala/ Tamil:				
1:	2. Highest Examination passed in	Sinhala / T	Γamil and Engli	sh	

that if these particulars are fou	by me in this application are true and accurate. I am awarded to be false or inaccurate prior to my selection, ment if particulars are found to be false or inaccurate after a service without compensation.
Date:	Signature of applicant
Recommendation of the Head of	f the Department/ Division:
This applicant could be/could not be appointment.	e released from this University/Institution if selected for an
Date	Signature of the Head of the Department/ Division
Recommendation of the De	ean of the Faculty (If relevant):
This applicant could be/could appointment.	not be released from this University/Institution if selected for a
Date	Signature of the Dean of the Faculty
To be filled by the Non-Academic F	Establishment Branch
I certify that the particulars given in Capplicant's personal file.	Column $01 - 16$ of the application are correct according to the
Signature of the S	Senior Assistant Registrar/Deputy Registrar Non-Academic Establishment Branch
Recommendation of the Secretary/	Registrar/Director/Director
I certify that	is a permanent employee of the