## UNIVERSITY OF RUHUNA FORM OF APPLICATION

Post:	Department:
Full name of the applicant:	
Name with initials:	
Identify card number:	
2. i. Gender	ii. Civil Status
Reverend	Married
Male	Unmarried
Female	
3. Present Postal Address:	Permanent Address:
E mail:	
T'phone No. (important: Pl. mention your	current operative number/s.):
4. Date of Birth	Age as at closing Date
	Year Month Date
5. Citizenship	
By descent	By Registration

## 6. Education Schools attended

Name of the School	From	То

# 7. University Education

Name of the University	From	То	Degree Course followed with Subjects	Class or Grade	Effective date of the degree
Postgraduate Degrees/Diploma					

(please attach copies of degree certificates obtained.)

## 8. (i) Professional/Special Qualifications and Experience

## (ii) Research & Publications

# 9. Employment record

Post held	Institute	From	То	Number of month	Last drawn salary

# 10. Present Occupation

Occupation	Institute	From	То	Number of month	Salary drawn

11. Other diplomas, Memberships, Fellowships etc.

Institute	Diploma etc.	Year

#### 12. Professional Qualifications

Institute	From	То	Examinations passed or Degrees etc. obtained

#### 13.

Proficiency in Sinhala/Tamil/EnglishLanguageAbility to Work			Ability to Teach			No		
	Very good	Good	Fair	knowledge	Very good	Good	Fair	knowledge
Sinhala								
Tamil								
English								

#### 14. Referees

Name

Designation

Address

1.

2.

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One of the referees should be either the Professor or a Senior Lecturer of the Department of study in which the applicant had his/her University education or the Head of the Institution in which the candidate works.

15. I hereby certify that the particulars submitted by me in this application are true and accurate. I am aware that if any of particulars are found to be false or inaccurate. I am liable to disqualified before selection and to be dismissed without any compensation, if the inaccuracy is detected after appointment.

Date	

### For Public Service/Corporations/Statutory Boards Candidates only

Application for the Post of ..... submitted by ..... is forwarded herewith. If He/She is selected for the said post He/She can/cannot be released.

Signature of the Head of the Institution

Name

Designation

Date

Seal

(N.B. When applying for several posts, each post should be applied for separately)