Office use only



UNIVERSITY OF PERADENIYA SRI LANKA

Department :- Disciplines of	דנס מ'ו					
IMPORTANT: PLEASE FILL ALL THE BLANKS 1. 1, Name in Full: (underline Surname) (If registered as a student in a University under any other name, please indicate surname within brackets) Rev/Dr./Mr./Mrs./Miss 2, Name with Initials: 2. (a) Postal Address (Any change should be communicated immediately) (b) Contact Phone Numbers:	Faculty:					
1. 1, Name in Full: (underline Surname) (If registered as a student in a University under any other name, please indicate surname within brackets) Rev/Dr./Mrs./Miss 2, Name with Initials: 2. (a) Postal Address (Any change should be communicated immediately) (b) Contact Phone Numbers:) epa	rtment : Disciplines of				
(If registered as a student in a University under any other name, please indicate surname within brackets) Rev/Dr./Mr./Mrs./Miss 2. Name with Initials: 2. (a) Postal Address (Any change should be communicated immediately) (b) Contact Phone Numbers: Mobile: Residence: Office: (c) Email address: 3. Date of Birth & Age (Please attach copy of Birth Certificate) Age Y 4. Civil Status 5. (a) Whether citizen of Sri Lanka (State whether by descent or by registration. If by registration, give reference number and date of certificate of citizenship)		IMPORTANT: PLEASE FILL ALL THE BLANKS				
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If by registration, give reference number and date of certificate of citizenship)	4.	Civil Status				
(b) National Identity Card No :		(-) Wheelers siting of Caillening (C)				
(c) Passport No	5.					

6. University Education

(Degree, Diploma etc. In the case of Medical/Dental, please give details of 2^{nd} , 3^{rd} and Final Exams. <u>Please attach copies of all certificates</u>).

Degree/Diploma, etc & Name of University	То	Course followed	Date of Final Exam. & Results (Give Class/Grade, GPA)

7. Postgraduate Qualifications

(State whether by course work or research, duration and effective date. <u>Please</u> <u>attach copies of all relevant certificates</u>).

Board Certification: Yes/No (If yes, date)

(MBBS/ BDS graduates only)

8. Academic Distinctions, Scholarships, Medals, Prizes etc.

(Indicate the Institution from which such awards have been obtained / received. <u>Please attach copies of relevant certificates</u>).

2

9. Research Publications, if any Attach a duplicate sheet indicating the same details (if space is insufficient, please use a separate sheet)

(I) Books

No	Name of the Book	Date of Publication	Author	ISBN No
i				
ii				
iii				

(II) Abstracts

No	Title of Articles	Author	Source and date of publication
i	1		
ii			
iii		Rings F	

(III) Journals

Title of Articles	Author	Source and year or publication
		-
		Title of Articles Author

Note: - First degree Dissertation/ Postgraduate Thesis are not considered as publication

3

Sinhala:				
Tamil :				
English:				
11.(a) Present o	occupation & salary dra	awn (give de	tails and	period)
o) Previous Employ	ments, if any, with do	ates and pe	riods, (I	n the case of Medi
ental/Vet. Sci.,	please indicate the da	-		
professional)				
p. 0, 000.0,				
Designation	Department/Institut	From	То	Reasons for Leav
	Department/Institut	From	То	Reasons for Leav

University/ Government Institution? If so please provide details.

1	4. Have you ever been treated as a bond viol	
	If yes, please provide details Bond Value :	. No
	University/ Institute :	
1!	5.Extra Curricular Activities (University, Na	tional & International level)
10	6. Any other relevant particulars (not include	d above)
1	7. Names & addresses of two non-related replease Note that:- Submitting of two non-related referees reperteres reports either along with the application of the send referees vice-Chancellor of this University indication applied & the Department" at the top left here.	eports are compulsory. You can send cation under sealed envelop s reports directly addressed to the applicant, post
01	Names & addresses	Telephone No & e-mail
02		

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

Date

Signature of Applicant

I hereby express my willingness to resign from the present position if I am not officially released to accept the post.

Date

Signature of Applicant

Note: -

1 Submit your application according to the detailed requirements indicated on the University website www.pdn.ac.lk

- 1. All applicants must meet the required qualifications and experience by the closing date of the application. Qualifications obtained after the closing date will not be considered.
- 2. Applications that are not submitted according to the specified format, or that are submitted without copies of the required certificates supporting qualifications and experience will be rejected.

(TO BE COMPLETED BY THE HEAD OF THE DEPARTMENT WHERE APPLICABLE)

Vice Chancellor

University of Peradeniya

The application is hereby forwarded. Please note that if he/she is selected for the said post, he/she, can be/cannot be released from service.

Date: Signature of Head of Department

Signature of Head of Institution

Date:

6

Note: Candidates are required to send their academic transcripts in support of the application, in consultation with the authorities of the respective universities where they studied. Applications will not be considered in the absence of the academic transcript.

Deputy Registrar / Academic Establishments, UPDN





FORM OF APPLICATION FOR THE POST OF PROFESSOR OF

Surname			7.1	indicate such name within brackets)	
		Other Names:			
Date of Birth (attach certificate):		NIC No:	NIC No:		
	Prof. Rev.	Citizen of Sri Lank	a Registration	Yes No	
Title:	Dr. Mr. Ms.	Sex	BINIST STATE OF THE STATE OF TH	Male Female	
		Civil Status		Single Married	
		Degree (eg. B.Sc. Hons.	Cey., M.Sc. Lond	1.):	
Professi Summa		Titles of theses written:	s of theses written:		
	- , .				
Addres	· ·	nges should be communicat	ed immediately. A	An e-mail address is strongly	
Postal:			Tel:		
1 Obmir			Fax:		

Email : acestpera@gs.pdn.ac.lk

3. Academic and Professional Qualifications:

Degree/Qualification	University/Institution	Years attended	Subject/Speciality
1)			
2)			
3)			
4)			

4.	Proficiency	on languages:	Highest	Examination	passed	in

Sinhalese Tamil English Other -

5. (a) Present Occupation and Salary Drawn

(b) **Previous Employment, if any, with dates and periods** (begin from the last)

Department/Institution Post From To Reasons for Leaving

Email : acestpera@gs.pdn.ac.lk

6.	Commendations if any, during your career (a) As a University student:
	(b) At work:
7.	Punishments/Disciplinary actions
8.	Extra-curricular Activities

9. Research interests

Email : acestpera@gs.pdn.ac.lk

10. Vision Statement

11. Any other relevant particulars (not included above)



12. Two Professional References

Name <u>Address</u> <u>Designation</u>

1.

2.

Email : acestpera@gs.pdn.ac.lk

13. Declaration

I hereby certify that the particulars submitted by me in this application are true and accurate. I am aware 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.

•••••	
Date	Signature of Applicant

TO BE COMPLETED BY THE HEAD OF THE INSTITUTION WHERE APPLICABLE

The Vice-Chancellor, University of Peradeniya, Peradeniya.

This application is forwarded. Please note that if selected, action will be taken to release the candidate from service.

Date	Signature of Head of Institution
	(With appropriate internal routing)

Email: acestpera@gs.pdn.ac.lk