



WAYAMBA UNIVERSITY OF SRI LANKA

FORM OF APPLICATION

1. Name in Full :

Name with initials :

(Rev./Mr./Ms./Dr./Prof.)

2. i. Sex : Male ☐ Female ☐

ii. Civil Status: Single ☐ Married ☐

3. Postal Address : Permanent Address :

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Telephone No. Telephone No.

E-mail

4. Date of Birth Age at Closing Date

Year	Month	Date

Years	Months	Days

5. Citizenship : By Descent ☐ By Registration ☐

6. National Identity Card No :

7. Education Schools Attended:

Name of School Attended	From	To

8. University Education : First Degree/ PG Degree (attach copy of certificates)

Name of the University	Duration		Course followed with Subjects (Special/General)	Results (give class or grade with effective date)
	From	To		

9. Other Diplomas, Memberships, Fellowships etc. (attach copy of certificates)

Institute	Diploma etc.	Year

10. Professional Qualifications: (attach copy of certificates)

Institute	From	To	Examination passed or Degree obtained etc.

11. Language Proficiency (Please tic ✓)

Language	Ability to Work				Ability to Teach			
	Very Good	Good	Fair	No Knowledge	Very Good	Good	Fair	No Knowledge
Sinhala								
Tamil								
English								

12. (i) Professional/Special Qualifications and Experience:

(ii) Research & Publications :

13. (a) Present Occupation

- i. Post :
- ii. Date of appointment to such post :
- iii. Whether confirmed in the present post :
- iv. Place of work with the Address :
- v. Salary Scale of the Post :
- vi. Present Salary
 - a. Basic Salary :
 - b. Allowances :

(b) Previous Employment Records:

Post Held	Institute	Period of Service		Last Monthly Salary received	Reason for Cessation of Employment
		From	To		

14. Any Further relevant particulars:
(not included above)

15. Two non related referees :

Name	Designation	Address

Note :- One of the referees should be the Head of the Institution in which the candidate works.

16. 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 be disqualified before selection and to be dismissed without any compensation, if the inaccuracy is detected after appointment.

Date :

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Signature of Applicant

To Be Completed by the Head of the Department Where Applicable

Application for the post of

Submitted by

is recommended and forwarded hereby. If he/ she is selected for the said post he/ she can be/ cannot be released.

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Signature of the Head of the Department

(Official Seal)

Name :

Designation :

Date :

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