

University of Colombo

SRIPALEE CAMPUS

FORM OF APPLICATION

Post

Department

01. Name in Full underline surname (see note (i) below)				
02. Whether Rev./ Mr./ Mrs./ Miss.				
03. Postal Address & Contact No. (any change should be communicated immediately)				
04. Date of Birth & Age			05. Civil Status	
06. Whether Citizen of Sri Lanka (state whether by descent or by registration if by registration, give reference number & date of certificate of citizenship)				
07. Education - Schools attended	From			To
i.				
ii.				
iii.				
iv.				
08. University Education (Degrees, Diplomas etc.) University (see note (ii) below)	From	To	Course followed (With subjects)	Results (give class of Grade)

NOTE :- (i). If you were registered as a student in a University under any other name, please indicate such name within brackets.

<p>09. Post graduate qualifications & dates of obtaining same</p>	
<p>10. Any other academic distinctions, scholarships, Medals, Prizes, etc. (indicate the institution from which such awards have been obtained)</p>	
<p>11. Research & Publications. if any : (if space is insufficient, please use separate sheet of same size)</p>	

12. Highest Examination passed in Sinhala/ Tamil :			
13. (a). Present occupation place and basic salary drawn :			
(b). Previous appointments, if any, with dates :			
Department / Institution	Post	From	To
14. Extra - Curricular activities			
15. Any further relevant particulars : (not included above) :			

16. (Cont.)

17. In the event of being selected please indicate the latest date on which you would be able to assume duties

18. Names of two persons (with addresses) to whom reference can be made

Name

Address

- | | |
|---------|----------------------------------|
| 1. |
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| 2. |
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19. I hereby certify that the particulars submitted by me in this application 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.

Date :-

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Signature of Applicant