

University of Colombo
SRIPALEE CAMPUS

FORM OF APPLICATION

POST
DEPARTMENT

1. Name in Full: Underline Surname (see note (I) below)				
2. Whether Dr./Mr./Mrs./Miss				
3. Postal Address: (any change should be communicated immediately)				
4. Telephone numbers & e mail address				
5. Date of Birth & Age:		6. Civil Status		
7. Whether Citizen of Sri Lanka: (state whether by descent or by registration; if by registration, give reference number & date of certificate of citizenship)				
8. Education – Schools attended	From	To		
1.				
2.				
3.				
4.				
9. University Education: (Degrees, Diplomas etc.) University (see note (II) below)	From	To	Course followed (with subjects)	Results Give Class or Grade)

Note (I) if you were registered as a student in a University under any other name, please indicate such name within brackets: (II) State Index Number if known and Campus

10.(a) Special Qualifications: Professional etc.)	Class	Distinctions	Medals & Prizes	Other Remarks
2 nd M. B. B. S				
3 rd M. B. B. S				
Final M. B. B. S				

10.(b) For applicants who have followed MBBS (Colombo) after 1995 (III)

	Class	Distinctions	Medals & Prizes	Other Remarks
Introductory Basic Sciences Stream				
Applied Sciences Stream				
Behavioural Sciences Stream				
Community Stream				
End of Course Examination of Clinical Sciences Stream				
Clinical Sciences Stream				
Cumulative MBBS Result				

11. Postgraduate qualifications & dates of obtaining same

12. Any other academic distinctions, Scholarships, Medals, Prizes, etc. (include the institution from which such awards have been obtained)

13. Research & Publications, if any: (if space is insufficient, please use separate sheet)	
14. Highest Examination passed in:	Sinhala
	Tamil
	English
15. English Language skills:	
16. Computing & Information Technology a. Qualifications: b. IT skills:	
17. Leadership /management experience:	
18. Extra Curricular activities	
19. Special skills:	
20. Creativity (including patents):	

You may use additional paper to provide information under any section

21 (a) Present occupation place, date of appointment and basic salary drawn:									
(b) Previous appointments, if any, with dates:									
<table border="1"> <thead> <tr> <th data-bbox="318 591 889 636">Department/Institution</th> <th data-bbox="889 591 1149 636">Post</th> <th data-bbox="1149 591 1273 636">From</th> <th data-bbox="1273 591 1481 636">To</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Department/Institution	Post	From	To					
Department/Institution	Post	From	To						

22. Any further relevant particulars: (not included above)

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

<p>24. Names of two persons (with addresses) to whom reference can be made:</p> <p>Email & telephone Nos.</p>	<table border="1"> <thead> <tr> <th data-bbox="906 1243 1195 1317">Name</th> </tr> </thead> <tbody> <tr> <td>-----</td> </tr> <tr> <td>-----</td> </tr> </tbody> </table>	Name	-----	-----	<table border="1"> <thead> <tr> <th data-bbox="1195 1243 1481 1317">Address</th> </tr> </thead> <tbody> <tr> <td>-----</td> </tr> <tr> <td>-----</td> </tr> <tr> <td>-----</td> </tr> </tbody> </table>	Address	-----	-----	-----
Name									

Address									

25. 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:

.....
Signature of Applicant

Recommendation of the Head of the Institution

(If employed at Higher Educational Institutions, Government Departments and Government Corporations)

I recommended and forwarded herewith the application offor the above post and agree/ do not agree to release him/her in case selected to the post applied for.

Date:

.....
Head of the Institution