

**UVA WELLASSA UNIVERSITY OF SRI LANKA  
FORM OF APPLICATION**



<b>POST APPLIED FOR:</b>	
--------------------------	--

**01. (a) Name in Full: (Dr./Mr/Mrs/Miss (underline the Surname))**

.....  
.....

**(b) Name with initials :-----**

---

**02. (a) Permanent Address :**

**(b) Contact Address (If differ From permanent address :**

**(c) Contact Telephone No. : Home Mobile**

**(d) E-mail :**

---

**03. National Identity Card No. :**

---

**04. (a) Date of Birth :**

**(b) Age as at the closing date of applications :**

---

**05. Civil Status :**

---

**07. Whether Citizen of Sri Lanka (State whether by decent or by registration) if by registration, give reference number & date of certificate of citizenship :**

**08. Qualifications - (All qualifications to be considered should be indicated in the application)**

**(a) University Education:**

Degree/ Diploma	Class	University	Year of Commencement	Effective Date	Duration

**(b) Professional Qualifications:**

Institution	Qualifications Obtained	Date of Commencement	Effective Date	Duration

**(c) Postgraduate Qualifications:**

Postgraduate Degree/ Diploma	University	By Course or By Research	Date of Commencement	Effective Date	Duration (Prescribed Period of Registration)

**09. Any other academic distinction : Scholarships, medals, prizes etc. (Indicate the Institution from which such awards have been obtained)**

**10. Research & Publications if any (If space is insufficient, please use separate sheet of same size)**

**11. Proficiency in Languages: Highest Examination passed in:**

**Sinhala** :

**English** :

**Tamil** :

---

**12. (a) Present Occupation & last salary drawn** (please indicate whether your occupation comes under the purview of higher education institution ,Gvt Department or Gvt. Corporation, give detail and period) :

**(b) Previous appointment if any, with dates**

No	Department/ Institution	Post	Salary Scales	From	To

**13. (a) Period of experience gained as at the closing date of Applications relevant to the post applied:**

---

**14. Extra-Curricular Activities** :

15. (Names of two non-related reference with addresses and Contact Nos.

1.	<u>Name</u>	Address	Contact Numbers
----	-------------	---------	-----------------

2.

I do hereby certify that 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.

.....  
**Signature of Applicant**

**Date:**

To be completed by the present employer (if any)

Applicant can/ cannot be released, if selected for appointment any special

Comments:.....  
.....  
.....

.....  
**Signature of the Head of Dept.**