

UVA WELLASSA UNIVERSITY OF SRI LANKA FORM OF APPLICATION

POST	APPLIE	D FOR:
01.	(a)	Name in Full: (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.	Citize	nship
	By de	Scent By Registration

08. Qualifications - (Certified copies of the certificates should be attached) G.C.E.(O/L) Year Index No Subject Grade

G.C.E.(A/L) Year	Index No
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Subject	Grade

(a) University Education:

Degree/ Diploma	Class	University	Year of Commencement	Effective Date	Duration
					Duration
Postgraduate Degree/ Diploma	University	By Course or By Research	Date of Commencement	Effective Date	Duration

(b) Professional Qualifications:

Institution	Qualifications Obtained	Date of Commencement	Effective Date	Duration

- 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:

Language	Ability to Work		No	Ab	ility to Teac	:h	No	
			knowledge				knowledge	
	Very	Good	Fair		Very	Good	Fair	
	good				good			
G: 1 1								
Sinhala								
Tamil								
English								

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Present Occupation

Occupation	Institute	From	То	Number of month	Last salary drawn

(b) Previous appointment if any, with dates

Post held	Institute	From	То	Number of month	Last drawn salary

13. Bond/Agreements you have entered (if any)

14. Extra-Curricular : Activities

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.								
Date:						nature of Applicant		
For P	ublic Service/Co	rporations/Sta	tutory B	oards Candid	lates only			
by				is		submitted herewith. If He/She is		
Name				Signat	cure of the He	ad of the Institution		
Design	nation							
Date								
Officia	al Seal							

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

15.