

SABARAGAMUWA UNIVERSITY OF SRI LANKA PO Box 02, Belihuloya 70140, Sri Lanka. Tel - 045-2280087, 045-2280015 (Fax)

APPLICATION FOR ADMINISTRATIVE POST

Post	applied for:		•••••							
01.	. Name with initials (Rev./Dr./Mrs./Miss)									
02.										
03.	Permanent Address:				04. Address for Correspondence:					
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05.	NIC Number:				06. N	Nationality:		********		
07.	State whether cities If by Registration									
08.	Gender :				09. Civil Status:					
10.	Date of Birth:				11. Age :					
12.	Contact Telephone Nos.:									
	Office:				ì	Home:				
	Mobile:		Fa	x:		E-mai	l:			
13.	University Education (give all details in respect of the first degree, diploma postgraduate degree etc. Please annex copies of the certificates):									
		egre					T			
	University	er _{ar}	Study period (from –to)	Title of Degree/Diplo		Principal subject	Class Obtained	Year	Annex	
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Name & the Profe body	addressof essional	Field of professional /training	f the study	Pro	le of the fessional lification	Study period (from -to)	Year of award	Annex
				* =				
Details of e	employment:	Start from the c	urrent or m	ost re	ecent one (P	lease annex' the	copies ofcertificates	s).
Period	Organizat	*	Position		Nature of		Reason for leaving	
				s.			,	
		·						
	academic dist					Medals etc, rece	eived during thecaree	er
Details of	research and	publications (I				ficient attach a se	eparate sheet):	

14.

Languages	Reading	Writing	Conversation
Sinhala			
Tamil			
English			
Others (Specify)			
A - Fully compete B - Moderately co		C - Can Ma D- Not con	nnage with difficulty npetent
econdary Educations:			
Period	School	Examina	tions passed
University Level			
		• • • • • • • • • • • • • • • • • • • •	
National Level		•••••••••••••••••••••••••••••••••••••••	
National Level		onds and Agreements to	

22. Any 0	ther information that you consider as supportive of	your application:
•••••		***************************************
•••••		
•••••		•••••
•••••		***************************************
23. Name	es positions and Addresses of two non – related refer	ees:
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I cert aware appoi	intment is liable to be cancelled without any compe	ion is true and correct to the best of my knowledge. I am ration is found to be incorrect, after being selected, my ensation.
Date		Signature
25. Observa	ations of the present employer:	
(1710se i	in employment should forward their application thro	igh their presentemployer)
I recom		licent will be released 6 1:
I recom if he/ sho	mend/ not recommend this application. The apper is selected for this appointment (Delete the inapplication)	licent will be released 6 1:
I recom	mend/ not recommend this application. The app	licant will be released from his presentemployment, cable words)
I recom if he/ sho	mend/ not recommend this application. The apper is selected for this appointment (Delete the inapplication)	licant will be released from his presentemployment, cable words)