

UNIVERSITY OF COLOMBO

SRI LANKA.

FORM OF APPLICATION

POST			
Name in Full : Underline Surname (see note (I) below)			
2. Whether Ven./Rev./Mr./Mrs./Miss	The second second	NIC No:	
3. (i) Present Working Place	Designation	De	partment
(ii) Personal Address:			
4. Telephone Numbers & e mail address	Office: E mail address:	Mob	oile No:
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)			

	- 4			
8. Educational Qualifications	G.C.E (A/L)		G.C.E. (O/L)	
OEMOJA	OF OR			
Higher Educational Qualifications (Degrees, Diplomas etc.) University / Institute	From	То	Course details* (with subjects)	Results (give Class or Grade)
				=
Postgraduate qualifications & dates of obtaining same (If any):	From	То	Course details* (with subjects)	Results (give Classor Grade)
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Any other academic distinctions, Scholarships, Medals, Prizes, etc. (indicate the institution from which such awards have been obtained)			
			and the second
12. Research & Publications, if any : (if space is insufficient, please use separate sheet of same size.)			
I murrocular to sellif sel or band			
13. Highest Examination passed in Sinhala/Tamil			
14. (a) Details of present occupation	THE PROPERTY AND ADDRESS OF		adiimmin:#81
University			I NAME OF THE OWNER
Department/ Branch			
Position			
Date of Appointment			
Whether confirmed / not Confirmed		Same place	XI FORE
(b) Previous appointments, if any, with dates			
Department / Institution	Post	From	То

15. Extra - Curricular activities :	
16. Any further relevant particulars :(not included above) :	one to annualidate or done
17. I hereby certify that the particulars submitte accurate. I am aware that if any of these part am liable to be disqualified before selection compensation if the inaccuracy is detected a	iculars are found to be false or inaccurate, I and to be dismissed without any
Date:	Signature of Applicant
Recommendation of the Head of the Departm	nent/ Branch
I agree/ do not agree to release him/her in case s	elected to the post applied for.
Date:	Director/Registrar/ Secretary (Official Seal)
Recommendation of the Director/Registrar/ Se	ecretary of the Higher Educational Institution
I recommended and forwarded herewith the app post and agree/ do not agree to release him/her i	
Date:	Director/Registrar/ Secretary (Official Seal)