###### FORM I

**UNIVERSITY OF COLOMBO**

**SRI LANKA.**

**FORM OF APPLICATION**

POST .........................................................................................................

**DEPARTMENT**....................................................................................................................................

|  |  |
| --- | --- |
| 1. Name in Full : Underline Surname*(see note (I) below)* |  |
| 2. Whether Rev./Mr./Mrs./Miss |  |
| 3. Postal Address :(any change should be communicated immediately) |  |
| 4. Telephone Number & e mail address(if available) |  |
| 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) |  | NIC No: |
| 8. Education - Schools attended(i).(ii).(iii).(iv). | From | To |
| 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.

Note (II): State Index Number if known and Campus.

* 1. Postgraduate qualifications & dates of obtaining same :
	2. Any other academic distinctions, Scholarships, Medals, Prizes, etc. (indicate the institution from which such awards have been obtained)
	3. Research & Publications, if any : (if space is insufficient, please use separate sheet of same size.)
	4. Highest Examination passed in Sinhala/Tamil :
	5. (a) Present **occupation**, place, date of appointment and basic salary drawn :

(b) Previous appointments, if any, with dates :

Department / Institution

Post From To

* 1. Extra - Curricular activities :
	2. Any further relevant particulars : (not included above) :
1. (Contd.)
2. In the event of being selected please indicate the latest date on which you would be able to assume duties.

|  |  |
| --- | --- |
| 18. Names of two persons(with addresses) to whom reference can be made : | Name Address1. ............................................ …....................................................…............................................................................................................Tel. No: Fax No: e-mail :2 ............................................ …....................................................…............................................................................................................Tel. No: Fax No: e-mail : |

19. 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 of for 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