



POSTGRADUATE INSTITUTE OF MEDICINE
UNIVERSITY OF COLOMBO

FORM OF APPLICATION

Post:

1. Name in Full :

2. Whether Mr./Mrs./Miss :

3. Postal Address (Any changes should be communicated immediately)

Telephone No. Residence -
 Office -

Email :

4. (a) Date of Birth: (b) Age as at closing date of Application

Years	Months	Dates

5. Civil Status :

6. State whether citizen of Sri Lanka by Descent
or Registration. If by registration, give registration No.:

7. Educational Qualifications (Pre – University)

<u>Name of Exam</u>	<u>Index No.</u>	<u>Subjects</u>	<u>Grade</u>
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8. University Education (Degree, Diploma, etc.) and the Name of University	From	To	Course followed	Date of final Examination (Give Class or Grade)
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09. Professional Qualifications (Details with the Dates of obtaining such Qualifications)

10. Postgraduate qualifications (Details with the Dates of obtaining such Qualifications)

11. Any other academic distinctions, scholarships, Medals, prizes, etc. (Indicate the Institution from which such awards have been obtained)

12. Research and Publications if any: (the name of the Journal in which the publications have been made and date of journal should be mentioned)

13. Present Occupation

a. 1.Post:

2. Date of appointment to such post:

3. Whether confirmed in the present post :

4. Place of work :

5. Salary scale of the post :

6. Present salary (a) Basic Salary :
(b) Allowance :

b. Previous appointments, if any with dates

<u>Department/Institution</u>	<u>Post</u>	<u>Salary Scale</u>	<u>From</u>	<u>To</u>
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14. Where a period of experience is a requirement for the post applied state period of such experience:

15. I certify that all particulars stated by me in this application are true and accurate, I am aware that if any particulars are found to be false or inaccurate prior to my selection, the application will be rejected and that if particulars are found to be false or inaccurate after my selection, I will be dismissed from the service without compensation.

Date

Signature of Applicant

