**UVA WELLASSA UNIVERSITY OF SRI LANKA FORM OF APPLICATION**



|  |  |
| --- | --- |
| **POST APPLIED FOR:** |  |

**01. (a) Name in Full: (Dr./Mr/Mrs/Miss (underline the Surname)**

**--------------------------------------------------------------------------------------------------------------------**

**-------------------------------------------------------------------------------------------------------------------- (b) Name with initials :----------------------------------------------------------------------------**

**02. (a) Permanent Address :**

**(b) Contact Address (If differ : From permanent address**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **(c)**  **(d)** | **Contact Telephone No.**  **E-mail** | **:Home**  **:** |
| **03.** |  | **National Identity Card No.** | : |
| **04.** | **(a)** | **Date of Birth** | **:** |
|  | **(b)** | **Age as at the closing date of**  **Applications** | **:** |
| **05.** |  | **Civil Status** | **:** |

**Mobile**

**07. Citizenship**

**By descent By Registration**

**08. Qualifications –**

**(a) University Education:**

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

***(please attach copies of degree certificates obtained.)***

**(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  knowledge | Ability to Teach | | | No  knowledge |
| Very  good | Good | Fair | Very  good | Good | Fair |
| Sinhala |  |  |  |  |  |  |  |  |
| Tamil |  |  |  |  |  |  |  |  |
| English |  |  |  |  |  |  |  |  |

**12. (a) Present Occupation**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Occupation | Institute | From | To | Number of month | Last salary drawn |
|  |  |  |  |  |  |

**(b) Previous appointment if any, with dates**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Post held | Institute | From | To | Number of month | Last drawn salary |
|  |  |  |  |  |  |

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

**14. Extra-Curricular : Activities**

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

1.  **Name 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:**

……………………………………………………

**Signature of Applicant**

***For Public Service/Corporations/Statutory Boards Candidates only***

Application for the Post of ......................................................................................submitted by…………………………………………………………………………………is forwarded herewith. If He/She is

selected for the said post He/She can/cannot be released.

Name Designation Date

Official Seal

..........................................

Signature of the Head of the Institution