

# UVA WELLASSA UNIVERSITY OF SRI LANKA FORM OF APPLICATION

POST A	APPLIEI	O FOR:							
01.	(a)	Name in Full: (Mr/Mrs/Miss (underline the Surname)							
	(b)	Name with initials :							
02.	(a)	Permanent Address	:						
	(b)	Contact Address (If differ From permanent address	:						
	(c)	Contact Telephone No.	:Home	Mobil	le				
	(d)	E-mail	:						
03.		National Identity Card No.	:						
04.	(a)	Date of Birth	:						
	(b)	Age as at the closing date of Applications	:						
05.		Civil Status	:						
07.	Citizen	ship							
	By des	cent		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 certified 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)

<b>11</b> .	Proficiency	/ in	Languages:
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Language	Abi	lity to Wo	rk	No	Ability to Teach		ch	No
				knowledge				knowledge
	Very	Good	Fair	_	Very	Good	Fair	_
	good				good			
Sinhala								
Tamil								
English								

<b>12.</b>	(a)	<b>Present Occupation</b>
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12. (a) 1	coent occupation				
Occupation	Institute	From	То	Number of month	Last salary drawn

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

Post held	Institute	From	То	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.	<u>Name</u>	Address		<b>Contact Numbers</b>			
2.							
aware disqua	e that if any of	at particulars submitted by many these particulars are found election and to be dismissed ement.	d to be false or ina	accurate, I am liable to be			
Date:			Sig	nature of Applicant			
For P	ublic Service/Co	orporations/Statutory Board	's Candidates only				
		the Post of					
-		ost He/She can/cannot be rele		herewith. If He/She is			
			Signature of the He	ead of the Institution			
Name							
Design	nation						
Date							
Officia	al Seal						