

UVA WELLASSA UNIVERSITY OF SRI LANKA FORM OF APPLICATION

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **POST APPLIED FOR:** | | Click here to enter text. | | |
| **Department** | Click here to enter text. | | **Subject Area Applied for** | Click here to enter text. |

# 01. (a) Name in Full: (Dr./Mr/Mrs/Miss (underline the surname) Click here to enter text.

|  |  |
| --- | --- |
| **(b) Name with initials**: | Click here to enter text. |

**02.**

|  |  |
| --- | --- |
| **(a) Permanent Address:** | Click here to enter text. |
| **(b) Contact Address (if differ : from permanent address)** | Click here to enter text. |
| **(c) Contact Telephone No.** | **Home:** Click here **Mobile :**Click here |
| **(d) E-mail :** | Click here to enter text. |

# 03.

**04.**

|  |  |
| --- | --- |
| **National Identity Card No.:** | Click here to enter text. |

|  |  |
| --- | --- |
| **(a) Date of Birth :** | Click here to enter text. |
| **(b) Age as at the closing : date of Applications** | Click here to enter text. |

|  |  |
| --- | --- |
| **Civil Status :** | Click here to enter text. |

# 05.

**06.**

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|  |  |
| --- | --- |
| **Citizenship** |  |
| **By descent**☐ | **By Registration**☐ |

# 07.

**02.**

**Qualifications–**

# University Education:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Degree/**  **Diploma** | **Class** | **University** | **Year of**  **Commencement** | **Effective**  **Date** | **Duration** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Postgraduate Degree/ Diploma** | **University** | **By Course or By Research** | **Date of Commencement** | **Effective Date** | **Duration** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

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

# Professional Qualifications:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Institution** | **Qualifications**  **Obtained** | **Date of**  **Commencement** | **Effective**  **Date** | **Duration** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

1. **Any other academic distinction Scholarships, medals, prizes etc. (indicate the Institution from which such awards have been obtained):**

Click here to enter text.

# Research & Publications if any (if space is insufficient, please use separate sheet of same size):

Click here to enter text.

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# 10.

**11.**

# Proficiency in Languages:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Language | Ability to Work | | | No knowledge | Ability to Teach | | | No knowledge |
| Very good | Good | Fair | Very good | Good | Fair |
| Sinhala | ☐ | ☐ | ☐ | Click here to enter text. | ☐ | ☐ | ☐ | Click here to enter text. |
| Tamil | ☐ | ☐ | ☐ | Click here to  enter text. | ☐ | ☐ | ☐ | Click here to  enter text. |
| English | ☐ | ☐ | ☐ | Click here to enter text. | ☐ | ☐ | ☐ | Click here to enter text. |

* 1. **Present Occupation**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Occupation | Institute | From | To | Number of  months | Last salary drawn |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

# Previous appointment if any, with dates

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Post held | Institute | From | To | Number of  months | Last drawn salary |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

**12.**

# Bond/Agreements you have entered (if any)

Click here to enter text.

# 13.

**Ex**

**14.**

# Extra-curricular activities:

Click here to enter text.

# (Names of two non-related references with addresses and contact nos.)

|  |  |  |
| --- | --- | --- |
| **Name** | **Address** | **Contact Numbers** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

I do 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 the appointment.

…………………………………………. ………………………………………….

# Date Signature of Applicant

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

Application for the Post of Click here to enter text. Submitted by Click here to enter text.

is forwarded herewith. If He/ She is selected for the said post He/ She can/cannot be released.

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

Signature of the Head of the Institution

|  |  |
| --- | --- |
| Name | Click here to enter text. |
| Designation | Click here to enter text. |
| Date | Click here to enter text. |
| Official Seal | **…………………………………………..** |