For Office Use	

GENERAL SIR JOHN KOTELAWALA DEFENCE UNIVERSITY <u>APPLICATION FORM</u>

					NIC No.		
							_
APPLIED	POST :						
1.	Name (In block letters)						
	a. Full name						
	b. Name with initials: Mr / Ms.:		••••	• • • • • • • • • • • • • • • • • • • •			
2.	a. Permanent Address:						
	b. Tel: Res. No. :	Mobile N	0. :				
	d. Skype ID:						
3.	Date of Birth: Year Month Date	4. Age: (As at closing	g date)	Years	Months	Days	
5.	Civil Status Married Single	6. Sex:	Male	Fei	male		
7.	Sri Lankan Citizenship: By Descent	By Registration	n				
8.	Schools Attended:						

Name of t	Educational Qualifica a) GCE (O/L) Examina the School:	tion	Name of the		(A/L) Exa	ımination		
ndex No:		Year :	Index No:			Year :		
	Subject	Grade		Suk	oject		Grad	de
(Attach	Copies of Certificates)							
11.	Vocational Level Qua	alifications Diplor	ma & Certifica	ates:	iod	Subjects	a d	
	University/Institution	Diploma/Certifi	cate Course	From	То	followed and the effective date		Resu
	Other Qualifications,	if any						
12.								
12.								
12.								
12. 								

Sinhala

Highest Examination passed in the following Languages:

9.

		_	Designation & nature	of work	5	Salary draw	n	arate sheet) Period of stay		
	Place o	f work	assigned	or work		per month		From		
b.	Previous	s Occupa	ation/s: (if space is in	sufficient,	pleas	se use a se	eparate	sheet)		
	Place of work		Designation & nature of work	Salary d	rawn	Period of stay		Peacon for Locuin		
			assigned	per month		From To		Reason for Leaving		
	Extra C	urricular	Activities:							
[
.	Names,	occupat	ions and addresses	of two nor	relate	ed referee	s:			
	Name		Address		Occupation			Contact No		
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16. Certification by Applicant

I hereby certify that the particulars submitted by me in this application form 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.

Further, I have enclosed copies of following documents. (Please put " $\sqrt{}$ " mark)

A. Educational Q	ualifications	B. Other Certificates
1. O/L		1
2. A/L		2
3. Diplom	a	3
C. Service Certifi	cates	
Date :		Signature of Applicant
17. To be comple	eted by the present employe	er (If any)
Applicant can/ canr	not be released, if selected fo	or appointment.
Any Special Comments	:	
Name :		Signature
D .		
For Office Use		
Date Received		
Eligibility	Yes	No
If No, Reasons		
Registrar/Senior Assistant Registrar (Establishment)		
Comments of Head/Dean		