



WAYAMBA UNIVERSITY OF SRI LANKA  
FORM OF APPLICATION FOR THE EXTERNAL CANDIDATES

*For Office Use Only*

Medium in which you wish to sit the Examination  
(Sinhala 2, Tamil 3, English 4)

(State the number in the box)

Post: .....

01. (a) Name with Initials : .....

(b) Names denoted by Initials : .....

.....

02. Whether Rev./Mr./Mrs./Miss : .....

03. (a) Postal Address : .....

(Any change should be  
communicated immediately) .....

(b) Contact Telephone No. : .....

(c) E-Mail Address. : .....

04. National Identity Card No : .....

05. (a) Date of Birth : .....

(b) Age as at the closing date of  
applications : .....

06. Civil Status : .....

07. Whether Citizen of Sri Lanka : .....

(State whether by decent or by  
registration) If by registration,  
give reference number & date of  
certificate of Citizenship) .....

08. Race : .....

(State whether Sinhala, Tamil, person of Indian Origin or Muslim)

09. Education – Schools Attended :

(1) .....

(2) .....

(3) .....

(4) .....

Contd...-/2

10. Educational Qualifications : G.C.E. (O/L) & G.C.E. (A/L)

(a) G.C.E. (O/L) :

1<sup>st</sup> Sitting (Year:.....)

2<sup>nd</sup> Sitting (Year:.....)

Subjects Passed	Grade	Subjects Passed	Grade
1. ....	.....	.....	.....
2. ....	.....	.....	.....
3. ....	.....	.....	.....
4. ....	.....	.....	.....
5. ....	.....	.....	.....
6. ....	.....	.....	.....
7. ....	.....	.....	.....
8. ....	.....	.....	.....
9. ....	.....	.....	.....
10. ....	.....	.....	.....

(b) G.C.E. (A/L)

1<sup>st</sup> Sitting (Year:.....)

2<sup>nd</sup> Sitting (Year:.....)

Subjects Passed	Grade	Subjects Passed	Grade
1. ....	.....	.....	.....
2. ....	.....	.....	.....
3. ....	.....	.....	.....
4. ....	.....	.....	.....

11. University Education:

University/ Institute	Degree	Period	Effective Date	Date, Class & Grade of Final Examination
1.				
2.				
3.				
4.				

12. Highest Examination Passed in Sinhala/ English:

(1) Sinhala .....

(2) English .....

13. Professional Qualifications :

Institution	Qualifications Obtained	Date of Commencement	Effective Date	Duration
1.				
2.				
3.				
4.				
5.				

14. Experiences (Relevant to the post applied) (Clearly indicate the Year, Month & Date) :

Department/ Institution	Post	From			To		
		DD	MM	YY	DD	MM	YY
1.							
2.							
3.							
4.							
5.							

15. Other Qualifications/ Extra Curricular Activities :

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

16. Previous Appointments (Clearly indicate the Year, Month & Date):

Department/ Institution	Post	From			To		
		DD	MM	YY	DD	MM	YY

17. Present Occupation:

Department/ Institution	Post	From		
		DD	MM	YY

18. Names of two non-related referees with addresses and contact Nos.

Name	Address & Contact No.
1. ....	..... ..... .....
2. ....	..... ..... .....

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, my application will be rejected, and that if particulars are found to false or inaccurate after my selection, I will be dismissed from my service without compensation.

Date :.....

.....  
Signature of Applicant

**Note** – Applicants in the State Service or Provincial State Service, Government Corporations, Statutory Boards & Commissions should forward their applications through the Head of Institution concerned.

**Recommendation of the Head of the Department/ Institution**

Forwarded, I certify that the particulars given in columns 01 to 16 of this application are correct according to the applicant's personal file maintain by this Department/ Institution. He/ She could be released/ could not be released from this Department/ Institution if selected for an appointment.

.....  
Signature of the Head of the Dept/ Institution

Date - .....

Name - .....

Designation - .....

(Official Stamp)

- Delete whichever is inapplicable