UNIVERSITY GRANTS COMMISSION

FORM OF APPLICATION

POS	Т:	•••••	•••••	•••••	••••	••••						
(I	ndicate the name of the post as	s request	ted)									
01. (a	a) Name with initials	:										
(1	(b) Names denoted by Initials:											
											<u> </u>	
02.	Whether Rev./Mr./Mrs./N	1iss 	: [
03.	(a) Postal Address		:									
	(Any change should be communicated immed											
	(b) Contact Telephone N	0.	:									
	(c) E-mail Address :											
04.	National Identity Card N		: :									
05.	(a) Date of Birth		:	Ye	ear	Mo	onth	D	ate	 		
	(b) Age as at the closin of application	g date	:	Ye	ears	Mo	onths	D	ays			
06.	Civil Status		:							 		 <u></u>
07.	Whether Citizen of Sri La (State whether by decent registration) if by registra give reference number & of certificate of citizenshi	or by ation, date	:							 		

08.	Race : [(State whether Sinhala, Tamil, person o	of Indian Ori	gin or M	uslim)					
09.	Education :								
	C-11- Au1-1	From				То			
	Schools Attended	Year	Month	Date	Year	Month	Date		
	1.								
	2.								
	3.								
	4.								
	5.								

10. Qualifications- (All qualifications to be considered should be indicated in the application)

(a) University Education:

(Attach copies of certificates & transcripts)

Degrees/Diplomas	Class	University	Date of Commencement			Effective Date			Duration
			Year	Month	Date	Year	Month	Date	
1.									
2.									
3.									
4.									

(b) Professional Qualifications:

(Attach copies of certificates)

Institution	Qualifications Obtained	Cor	Date on the number of the numb		Effective Date			Duration	
			Month	Date	Year	Month	Date		
1.									
2.									
3.									
5.									
4.									
5.									

(C) Postgraduate Qualifications.

(Attach copies of certificates)

Postgraduate	University	By Course or		Ry Course or	Date of Commencement			J	Effective Date	Duration (Prescribed	
Degree/Diploma	Oniversity	By Research	Year	Month	Date	Year	Month	Date	period of Registration		
1.											
2.											
3.											
4.											
5.											

(d) Training/Workshops

(Attach copies of certificates)

In atituation	Name of the Training	From				То	Duration	
Institution	Programme/Workshop	Year	Month	Date	Year	Month	Date	Duration
1.								
2.								
3.								
4.								
5.								

11. Any other academic distinctions scholarships, medals, prizes etc.: (indicate the Institution from which such awards have been obtained)

(Attach copies of certificates)

(If space is insufficient, please use separate sheet of same size)

12.	(a)	Research & Publications :
	(I	f space is insufficient, please use separate sheet of same size)

13. (a) Present Occupation:

1. Post :

2. Date of appointment to such post :

3. Whether confirmed in the present post:

4. Place of work with the Address :

5. Salary Scale of the post :

6. Present Salary a. Basic Salary:

b. Allowances:

(b) Previous appointments if any, with dates: (Attach copies of service certificates)

	Department/ Institution			Perio	Salary	Reason for			
Post		From			То			Scale	Cessation of
		Year	Month	Date	Year	Month	Date		Employment

	Years	Months	Days	
	Tears	171011115	Dujs	
	ave obtained no-pay od of such leave	leave during th	is period, state re	easons and
15. (Names of two n	on related referees w	vith addrassas a	nd Contact Nos)	
Name	Designation	1	ddress	Contact No: Email Address
1.				Elilali Address
2.				
I am aware that if ar	ny of these particular election and to be di	rs are found to	be false or inaccu	are true and accurate. I am liable to be ion if the inaccuracy is

For Internal Applicants Only.

Secretary, University Gr	rants Commission.							
Application is recommended and forwarded. I certify that the particulars given in numbers 01 to 13 of this application are correct according to the applicant's personnel file and if he / she is selected for the said post he / she can be / cannot be released.								
Remarks if ar	ny:							
	Vice Chancellor/Registrar /Rector/Director							
Date:	Institute:							
_	rvice/ Corporation/ Statutory Board Candidates only							
Application to	o the Post of							
Submitted by								
is forwarded l	hereby. If he / she / is selected for the said post he/ she can be/ cannot be released							
	Signature of the Head of the Department							
	(Official Seal)							
Name	:							
Designation	:							
Date	:							