UNIVERSITY OF COLOMBO

SRI LANKA

FORM OF APPLICATION

POST : Temporary Assistant Lecturer

DEPARTMENT: Buddhist Studies

| 1. Name in Full : Underline Surname | | |
|---|------|-------------------|
| 2. Whether Rev./Mr./Mrs./Miss | | |
| Postal Address : (any change should be communicated immediately) | | |
| 4. Telephone Number | | |
| 5. Date of Birth & Age : | | 6. Civil Status : |
| 7. Whether Citizen of Sri Lanka : (state whether by descent or by registration: if by registration, give reference number & date of certificate of citizenship) | | |
| 8. Education - Schools attended | From | То |
| (i) | | |
| (ii) | | |
| (iii) | | |
| (iv) | | |
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| 9. University Education: (Degrees, Diplomas etc.) University (see note (II) below) | From | То | Course followed (with subjects) | Results (give Class or Grade) |
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| Note (I): If you were registered as a student in a Unive Note (II) : State Index Number if known and Campu 10. Postgraduate qualifications & dates of obtaining same : | | | | |
| Any other academic distinctions, Scholarships, Medals, Prizes, etc. (indicate the institution from which such awards have been obtained) | | | | |
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| Research & Publications, if any : (if space is insufficient, please use separate sheet of same size.) | |
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| 13. Highest Examination passed in Sinhala/Tamil : | |
| 14. (a) Present occupation , place, date of appointment and basic salary drawn : | |
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| (b) Previous appointments, if any, with dates : | 7 | | |
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| Department / Institution | <u>Post</u> | <u>From</u> | <u>To</u> |
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| 15. Extra - Curricular activities : | | | |
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| 16. Names of two persons (with addresses) to whom reference can be made : | Name 1 | Address |
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| | e-r | nail : |
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| | Tel | l. No: |
| | e-r | nail : |
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17. I 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 appointment.

Date:

Signature of Applicant