UNIVERSITY GRANTS COMMISSION

FORM OF APPLICATION FOR THE INTERNAL CANDIDATES

		he name of the post a	s given in	n the a	dvertis	seme	nt)						
01. (a) Name	e with initials	:								1		
(b)	Names	denoted by Initials	:										
02.	Whet	her Rev./Mr./Mrs./N	Aiss	: [
03.	(A	ostal Address Any change should bommunicated imme		:									
	(b) (Contact Telephone N	Vo.	:									
	(c) E	-mail Address :											
04.	Natio	onal Identity Card	No.	•									
05.	(a)	Date of Birth	nd na na na na na na na na na	:	Ye	ar	Mo	nth	Da	ate		 	
	(b)	Age as at the closi of applications	ng date	:	Yes	ars	Mo	onths	D	ays			
06.	Civi	Status		:									
07.	(a)	Whether Citizen of (State whether by registration) if by give reference number of certificate of citizens.	decent registra nber &	or by tion, date	:								

(b)	Whether you have been convicted for a civil or criminal case previou	ısly:					
	If 'Yes' state further information on the same						
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	te whether Sinhala, Tamil, person of	Indian Or	igin or M	uslim)		l = step	
(Sta	te whether Sinhala, Tamil, person of	Indian Ori		uslim)		To	
(Sta	te whether Sinhala, Tamil, person of	Indian Or	From	Date	Year	To Month	Date
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(Sta	te whether Sinhala, Tamil, person of		From		Year		Date

10. Qualifications

(Qualifications should be obtained as at the closing date of the applications. All qualifications to be considered should be indicated in the application and the certified copies of certificates should be attached to the application)

(a) University Education:

+	Degrees/Diplomas	Class	University	Con	Date of			Effective Date		Duration
				Year	Month	Date	Year	Month	Date	1.
1.					v - '					
2.										
3.						-				
4.										

(b) Professional Qualifications:

Institution	Qualifications Obtained	Cor	Date on mence		E	Effective Date		Duration
			Month	Date	Year	Month	Date	
1.								
2.								
3.								
4.								*
	Nelson epiteranie					la vzy		
5.								

(C) Postgraduate Qualifications:

Postgraduate	TToirmaide	Dr. Course on	Cor	Date of]	Effective Date	i te	Duration (Prescribed
Degree/Diploma	University	By Course or By Research	Year	Month	Date	Year	Month	Date	period of Registration
1.									
2.									
3.									
4.									
5.									

(d) Training/Workshops attended:

(Attach copies of certificates)

Institution	Name of the Training Programme/Workshop	From			То			Duration	
Institution	Flogramme/Workshop	Year	Month	Date	Year	Month	Date		
1.		- 1	1		1 10				
2.			1 - 170						
3.	policina (file)							- 3	
1.									

	Name of the Training							100
Institution	Programme/Workshop		From	-	_	То		Duratio
		Year	Month	Date	Year	Month	Date	

					-			
- 3			1 -		-			
Any other academic	c distinctions scholarships	s, meda	als, priz	es etc.	: 1			
Attach copies of certifi	tion from which such awa	arus na	ave bee	n obta	inea)			
January Johnson, Johnson	ica cos)							
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search & Publication	ons if any :							
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Highest examination Sinhala/Tamil  a) Present Occur  1. Post  2. Date of ap	n passed in :  upation :  pointment to such post	:	ame size					
Highest examination Sinhala/Tamil  a) Present Occur  1. Post  2. Date of ap	n passed in :	:	ame size	e)				
Highest examination Sinhala/Tamil  a) Present Occu 1. Post 2. Date of ap 3. Whether c	n passed in :  upation :  pointment to such post confirmed in the present p	:	ame size	e)				
Tighest examination Sinhala/Tamil  a) Present Occu 1. Post 2. Date of ap 3. Whether c	n passed in :  upation :  pointment to such post	:	ame size	e)				
Highest examination Sinhala/Tamil  a) Present Occur  1. Post  2. Date of ap  3. Whether c  4. Place of we	n passed in :  upation :  pointment to such post confirmed in the present p	:	ame size	e)				
Highest examination Sinhala/Tamil  a) Present Occur  1. Post  2. Date of ap  3. Whether c  4. Place of we	n passed in :  upation :  pointment to such post  confirmed in the present p  ork with the Address  the of the post	: : : ost : :	ame size	e)				

b. Allowances:

11.

12.

13.

14.

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

	Department/			Perio	d of Se	ervice		Salary	Reason for
Post	Institution		From			To		Scale	Cessation of
1 050		Year	Month	Date	Year	Month	Date		Employment
	RANGE THE								
	- A								
bal più	Au profession								
				n - 8					
			-						

15. (a) Period of experience gained as at the closing date of Applications relevant to the post applied :

Years	Months	Days

<b>(b)</b>	If you have obtained no-pay	leave during this period, state reasons an	d
	the period of such leave		

16. Extra Curricular activities : (If space is insufficient, please use separate sheet of same size)

	Event	Achievements	Level
Sports			
Link and Links			
			4484

	Subject	Level
Other Certificates		
	Positions	Professional Body/Society//Organization
Positions held in Professional Body/Societies/ Organizations/etc.		
Achievements		

#### 17. (Names of two non related referees with addresses and Contact Nos.)

Name	Designation	Address	Contact No: Email Address
1. /.			
takof v vers	1,12		
2.			

I do hereby certify that 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

or Internal Applicants Only		
ecretary,		
University Grants Commissio	n.	
	and forwarded. I certify that the particulars giv	
	e correct according to the applicant's personnel file a	and if he / she
elected for the said post he / s	she can be / cannot be released.	
emarks if any :		
-		
	Vice-Chancellor/Secretary/Registrar	
	Vice-Chancellor/Secretary/Registrar Rector/Director/SAS/Personnel/UGC	
	Rector/Director/SAS/Personnel/UGC	
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ate	Rector/Director/SAS/Personnel/UGC	
Date:	Rector/Director/SAS/Personnel/UGC	
ate:	Rector/Director/SAS/Personnel/UGC	
Date:	Rector/Director/SAS/Personnel/UGC	