



SABARAGAMUWA UNIVERSITY OF SRI LANKA
 PO Box 02, Belihuloya 70140, Sri Lanka.
 Tel - 045-2280087, 045-2280015 (Fax)
 APPLICATION FOR ADMINISTRATIVE POST

Post applied for:

Faculty:..... Department:

Discipline:

1. Name with initials (Rev./Dr./Mr./Mrs./Miss)

2. Name denoted by the initials:

3. Permanent Address:

04. Address for Correspondence:

05. NIC Number:

06. Nationality:

07. Gender:

08. Civil Status:

09. Date of Birth:

10. Age:

11. Contact Telephone No:

Office:

Home:

Mobile: Fax:.....E-mail:.....

12. University Education (give all details in respect of the first degree, diploma postgraduate degree etc. Please annex copies of certificates):

University	Study period (from -to)	Title of the Degree/Diploma	Principal subject	Class Obtained	Year

13. Details of Professional Qualifications (please annex copies of certificates):

Name & address of the Professional body	Field of the professional study /training	Title of the Professional qualification	Study period (from –to)	Year of award

14. Details of employment: Start from the current or most recent one (Please annex the copies of certificates).

Period	Organization	Position	Nature of duties	Reason for leaving

15. Secondary Educations:

Period	School	Examinations passed

16. Details of academic distinctions such as Scholarships Prizes, Gold Medals etc, received during the career /professional training:

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17. Details of research and publications (If the space provided is insufficient attach a separate sheet):

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18. In your choice of the disciplines indicate the areas that you can undertake teaching at Undergraduate level:

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19. Language skills (indicate the level of your proficiency in the appropriate cage using one of the following letters A,B,C and D as per given below):

Languages	Reading	Writing	Conversation

A- Fully competent
B - Moderately competent

C- Can Manage with difficulty
D- Not competent

20. Extra- Curricular activities: Give details

School Level

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University Level

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National Level

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21. Any other information that you consider as supportive of you application:

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22. Names positions and Addresses of two non – related referees:

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II

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Tele. No:.....

Tele. No:.....

23. Declaration by the applicant:

I certify that the information furnished in this application is true and correct to the best of my knowledge. I am aware that if any information contained in this application is found to be incorrect after my being selected, my appointment is liable to be cancelled without any compensation.

.....
Date

.....
Signature

24. Observations of the present employer:

(Those in employment should forward their application through their present employer)

I recommend/ not recommend this application. The applicant will be released from his present employment, if he/ she is selected for this appointment *(Delete the inapplicable words)*

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Date

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Signature of the Head of the Institution