UNIVERSITY OF RUHUNA FORM OF APPLICATION

	Post	Category (Under which category you apply)				
1.	Full name of the applicant Name with initials	(Onder which category you apply)				
2.	i. Sex Reverend Male Female	ii. Civil Status Married Unmarried				
3.	Present Postal Address	Telephone No. Office - Res				
4.	Date of Birth	Age as at closing Date				
	Year Month Date	Year Month Date				
 5.	Citizenship					
5.1	By descent National I.D. No.	By Registration				
6. S	chool Education					
	Name of the School	From To				

University Educatio

(i) Degree/Postgraduate Degree obtained:

Name of the University	From	То	Degree Course followed with Subjects	Class or Grade	Effective date of the degree
Postgraduate Degrees/Diploma					

8.	(i)	Profess	ional/S _ا	pecial	Quali	fications	and E	Experi	ence
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09. Employment record Present

Occupation	Institute	From	То	Number of month	Salary drawn

Post held	Institute	From	То	Number of month	Last drawn salary

11. Awards, Memberships, Fellowships etc.

Institute	Fellowships etc.	Year

12. Training Programmes/Workshops attended

Institute	From	То	Examinations, passed or Degrees etc. obtained

13. Extra Curricular Activities

14.

Proficiency in Sinhala/Tamil/English							
		Ability to Work					
Language	Very good	Good	Fair	No knowledge			
Sinhala							
Tamil							
English							

15. State wh	5. State whether the application is submitted in terms of Commission Circular No. 9								
19.07.20	10 :								
	If so, please complete the followings; Post held as at 18.07.2010 with the Date of Appointment of such post								
4C D.(
16. Referees	: lame	Designation	Address	T.P. No.					
1.									
2.									
the inacc		after appointment.	 Signature of Ap	 plicant					
/NLD \\/\\				•					
-	· · -	I posts, each post should ion, all copies of relevant		=					
For Public Ser	vice/Corporation	s/Statutory Boards Cand	dates only						
submitted by		ne is selected for the said		oe released.					
			the Head of the Institutio	n					
Name									
Designation									
Date									
Seal									