**UNIVERSITY OF RUHUNA**

**FORM OF APPLICATION**

Post Department

1. Full name of the applicant

Name with initials

**Identify card number.**

2. i. Sex ii. Civil Status

Reverend

Married

Male

Unmarried

Female

3. Present Postal Address T'phone No.

E mail

4. Date of Birth Age as at closing Date

|  |  |  |
| --- | --- | --- |
| Year | Month | Date |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Year | Month | Date |
|  |  |  |

5. Citizenship

By descent By Registration

6. Education Schools attended

|  |  |  |
| --- | --- | --- |
| Name of the School | From | To |
|  |  |  |

7. University Education

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

(please attach copies of degree certificates obtained.)

8. (i) Professional/Special Qualifications and Experience

(ii) Research & Publications

9. Employment record

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Post held | Institute | From | To | Number of month | Last drawn salary |
|  |  |  |  |  |  |
|
|
|
|
|

10. Present Occupation

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Occupation | Institute | From | To | Number of month | Salary drawn |
|  |  |  |  |  |  |
|
|
|

11. Other diplomas, Memberships, Fellowships etc.

|  |  |  |
| --- | --- | --- |
| Institute | Diploma etc. | Year |
|  |  |  |

12. Professional Qualifications

|  |  |  |  |
| --- | --- | --- | --- |
| Institute | From | To | Examinations, passed or Degrees etc. obtained |
|  |  |  |  |

13.

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

14. Referees

Name Designation Address

1.

2.

One of the referees should be either the Professor or a Senior Lecturer of the Department of study in which the applicant had his/her University education or the Head of the Institution in which the candidate works.

15. I hereby certify that the particulars submitted by me in this application are true and accurate. I am aware that if any of particulars are found to be false or inaccurate. I am liable to disqualified before selection and to be dismissed without any compensation, if the inaccuracy is detected after appointment.

......................... ......................................

Date Signature of Applicant

**For Public Service/Corporations/Statutory Boards Candidates only**

Application for the Post of ......................................................................................

submitted by ...........................................................................................................

is forwarded herewith. If He/She is selected for the said post He/She can/cannot be released.

...........................................

Signature of the Head of the Institution

Name

Designation

Date

Seal

(N.B. When applying for several posts, each post should be applied for separately)