**University of Ruhuna**

**APPLICATION FOR THE POST OF ASTROBIOLOGY ARCHIVE PROJECT ASSISTANT**

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| 1. (a) Name with initials (Mr/Mrs/Miss): - …………………………………………………………….   (b) Name in Full:- ………………………………………………………………………………………. |
| 1. Postal Address: - ……………………………………………   ……………………………………………  …………………………………………… |
| 1. (a) Telephone No: - …………………………… (b) e-mail: - …………………………………… |
| 1. (a) Date of Birth: -…. /…. /……… (b) Age at the closing date of Application: -   Years: -…… Months: -……. Days: - ………. |
| 1. (a) Civil status: -…………………… (b) Identity Card No: - ………………………… |
| 1. Educational Qualifications: -   Please attach additional sheets, if necessary |
| 1. Professional & other Qualifications: -   Please attach additional sheets, if necessary |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | | | | | | 1. (a)No of years of Experience in the use of Computer Applications: - ……………………….   (b) Packages known: -………………………. | | | | | | 1. Employment records: -   Please attach additional sheets, if necessary | | | | | | Post | Organization | Period  From - To | Salary Point & Salary Scale | Description of Duties | |  |  |  |  |  | | 1. Any other relevant Particulars: | | | | | | 1. Name & address of **two** persons from whom reference could be obtained: - | | | | | | I certify that the particulars given by me in this application are true & correct. I am aware that if any particulars are found to be false or inaccurate prior to my selection, my application will be rejected and if any particulars are found to be false or incorrect after my selection, I will be terminated from the service without any compensation.  …./…../……… ……………………………………….  Date Signature of the Applicant | | | | | |