

**UNIVERSITY OF RUHUNA
APPLICATION FOR ACADEMIC/SUPPORT STAFF POSTS**

1. Post applied:

Department:

Faculty:

Full name of the applicant:

Name with initials:

Identify card number:

2. i. Gender:

Reverend

Male

Female

ii. Civil Status:

Married

Unmarried

3. Present Postal Address:

Permanent Address:

E mail:

T'phone No. (**important:** Pl. mention your current operative number/s.):

4. Date of Birth

Year	Month	Date

Age as at closing Date

Year	Month	Date

5. Citizenship

By descent

By Registration

6. Education:**(i) Schools attended**

Name of the School	From	To

(ii) University Education

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

(please attach certified true copies of degree certificates with official frank of attester)

7. (i) Special Qualifications if any and Relevant Experiences:**(ii) Research & Publications:**

8. Employment Records:**(i) Previous employment/s:**

Post held	Institute	From	To	Number of month	Last drawn salary p.m.

(ii) Present employment:

Occupation	Institute	From	To	Number of month	Salary drawn p.m.

09. Other diplomas, Memberships, Fellowships etc. (relevant to the post applied)

Institute	Diploma etc.	Year

10. Professional Qualifications:

Institute	From	To	Examinations passed or Degrees etc. obtained

11. Extra Curricular Activities (University/National/International Level Only)

12. Language Proficiency:

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								

13. Referees:

Name	Designation	Address
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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.

14. 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 be 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

(N.B.; When applying for more than one post, each post should be applied separately)