

**UNIVERISTY OF RUHUNA**

**SRI LANKA**

**APPLICATION FOR THE POST OF DIRECTOR/CENTRE FOR QUALITY ASSURANCE**

**(FULL TIME)**

**IMPORTANT: PLEASE FILL ALL THE BLANKS**

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| --- |
| 1. **(i). Name in Full:**

 **(ii) Name with initials:**    **(iii) Gender: Female Male**   |
| 1. **Whether you applied for the post on a full-time basis or part-time basis:**

 **Full- time Part-time**  |
| 1. (**i) Postal Address (Any change should be communicated immediately) :**

(**ii) Contact Phone Numbers:** **Mobile: Residence: Office:****(iii) Email address:**  |
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| 1. **Date of Birth and Age:**

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| Y | Y |

**Age:**  |
| 1. **Civil Status :**
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| 1. **(i) Whether citizen of Sri Lanka:**

 **By Descent By Registration** **(ii) National Identity Card No:****(iii) Passport No:**  |
| 1. **University Education: (Please attach copies of all certificates).**

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| --- | --- | --- | --- | --- | --- |
| **Degree and Name of the University** | **From** | **To** | **Field of study** |  | **Effective Date of the Degree** |
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| 1. **Postgraduate Qualifications: (State whether by course work or research, duration and effective date. Please attach copies of all relevant certificates)**
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| 1. **Academic Distinctions, Scholarships, Medals, Prizes etc. (Indicate the Institution from which such awards have been awarded.)**
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| **11.Professional qualifications obtained (for the post of Director/CQA)**  |
| 1. **Service Experience in the field of University Quality Assurance Systems:**

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| 1. **Research Publications: (If space is insufficient, please use ATTCHEMENT 1)**
2. **Books**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Name of the Book** | **Date of Publication** | **Author** | **ISBN No.** |
| **i.** |  |  |  |  |
| **ii.** |  |  |  |  |
| **iii.** |  |  |  |  |

* **PLEASE CONSIDER THAT ALL RESEARCH PUBLICATIONS ARE CHECKED FOR FAKE JOURNALS.**
1. **Abstracts**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Title of Articles** | **Author** | **Source and date of publication** |
| **i.** |  |  |  |
| **ii.** |  |  |  |
| **iii.** |  |  |  |

1. **Journals**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Title of Articles** | **Author** | **Source and year of publication** |
| **i.** |  |  |  |
| **ii.** |  |  |  |
| **iii.** |  |  |  |

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| 1. **Proficiency in Languages: Highest Examination passed in**

Sinhala:Tamil:English: |
| 1. **(i) Present occupation & Salary drawn (give details and period)**
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| 1. **Previous Employments (if any, with dates and periods) – in the case of Medical/Dental/Veterinary Sciences, please indicate the date of commencement of formal practice as a professional)**

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| --- | --- | --- | --- |
| **Designation** | **Department/Institution** | **From To** | **Reasons for leaving** |
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| 1. **Commendations/Punishments, if any during your career in the University/Educational Institution**:
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| 1. **Extra-Curricular Activities (University, National & International level)**
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| 1. **Any other relevant particulars (not included above):**
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|  **Note : Please submit your CV and personal statement along with the application** |
| 1. **Names and Addresses of two non-related referees:**

|  |  |
| --- | --- |
| **Name and addresses** | **Telephone No. & E-mail** |
| **01.** |  |
| **02.** |  |

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1. **In the event of being selected please indicate the latest date on which you would be able to assume duties:**

**FORM A**

1. **Do you have close relatives in employment at University of Ruhuna. If yes, please indicate favour accordingly:**

**Name : Relationship:**

**(i)**

**(ii)**

**(iii)**

1. **I hereby certify that the particulars submitted by me in this application are true and accurate. I am aware that if any of these 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:…………………………………**

***Note*: submit your application according to the detailed requirements indicated in the web site** [**www.ruh.ac.lk**](http://www.ruh.ac.lk)

**TO BE COMPLETED BY THE HEAD OF THE DEPARTMENT WHERE APPLICABLE:**

**Vice Chancellor**

**University of Ruhuna**

The application is forwarded. Please note that if selected, action will be taken to release/not release him/her from service.

**Date: …………………… Signature of Head of the Department:………………………….**

 **(with Official frank)**

**Date: …………………… Signature of Head of Institution: ………………………………..**

 **(with Official frank)**