

UNIVERISTY OF RUHUNA

SRI LANKA

APPLICATION FOR THE POST OF SCIENTIFIC ASSISTANT GRADE II (CONTRACT BASIS)

VICE CHANCELLOR'S OFFICE

IMPORTANT: PLEASE FILL ALL THE BLANKS

1. (i). Name in Full:			
(ii) Name with initials:		20	
(iii) Gender: Fem		Male	
2. (i) Postal Address (Any change sho	uld be communicated im	mediately) :	
(ii) Contact Phone Numbers:			
Mobile:	Residence:	Office:	
(iii) Email address:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
3. Date of Birth and Age:	D M M Y	у ү ү	
Age:	Y		
4. Civil Status :			
5. (i) Whether citizen of Sri Lanka:	y Descent By Re	gistration	
(ii) National Identity Card No:			
(iii) Passport No:			
6. Education : Schools attended :		From	To
(i)		710111	.0
(ii)			
(iii)	:		

Degree and Name of the University	From	То	Field of study	Give Class/Grade/GPA	Effective Date of the Degree
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No.	Name of the Book	Date of Publication	Author		ISBN No.
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2. Pro	ficiency in Languages: Highe	st Examination passed	in		
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. (i) P	resent occupation & Salary	drawn (give details and	period)		

Research Publications: (If space is insufficient, please use a separate sheet)

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Designation	Department/Institution	From	То	Reasons for leaving
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14. Commendatio	ns/Punishments, if any during	your career	in the Univers	sity/Educational
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5. Have you ever	heen somed with a Vanetier of			
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6. Extra Curricular	Activities (University, National	& Internation	onal level)	
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17. IT Qualifications obtained (which are	equivalent to NVQ Level 4 or above)
18. Any other relevant particulars (not in	ocluded shove).
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19. Names and Addresses of two non-rel	
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	ndicate the latest date on which you would be able to as
20. In the event of being selected please in duties:	
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22.	aware that if any of these p	llars submitted by me in this application are true and accurate. I articulars are found to be false or inaccurate, I am liable to nd to be dismissed without any compensation if the inaccurac	be
_	Date:	Signature of Applicant:	
	<u>Note</u> : submit your application www.ruh.ac.lk	according to the detailed requirements indicated in the web	site
	TO BE COMPLETED BY THE HEA	AD OF THE DEPARTMENT WHERE APPLICABLE:	
	Vice Chancellor University of Ruhuna		
	The application is forwarded. Phim/her from service.	ease note that if selected, action will be taken to release/not rele	ase
	Date:	Signature of Head of the Department: (with Official frank)	•
	Date:	Signature of Head of Institution:(with Official frank)	