App No.

UNIVERSITY OF RUHUNA

FORM OF APPLICATION

Paste a color photograph of recently obtained 3×2.5 size

Application for the post of				
Personal Information				
Full name: Name with initials: National I.D. No.:				
Gender: Reverend Male Female	Civil Status: Married Unmarried			
Present Postal Address:	Permanent Address:			
Telephone No.: Office E-mail Address.:	Res			
Date of Birth: Year Month Date	Age as at closing Date: Year Month Date			
Physical Fitness: (Only if applicable) Height:	Chest:			
Citizenship: By descent	By Registration			
Education (i) Schools attended				
(i) Schools attended Name of the School	From To Year Month Year Month			

(ii) Educational Qualifications:

G.C.E. (O/L) Examination

Subject	Grade	Year	Index No:
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

G.C.E. (A/L) Examination

Subject	Grade	Year	Index No:
1.			
2.			
3.			
4.			

(iii) University Education:

in, Oniversity L		ı	1			ı		I	
Name of the University Degree		From		То		Degree			
		Year	Month	Year	Month	Degree Course	Name of the 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.)

Other Diploma	s. Memberships.	Fellowships etc.	*
Othici Dipionia	J, IVICIIINCI JIIINJ,		•

Institute	Diploma etc.	Year

^{(*} Please attach certified true copies of certificates.)

Professional Qualifications *

Institute	From		То		Examinations passed or Degrees etc. obtaine
institute	Year	Month	Year	Month	Examinations passed of Degrees etc. Obtained

^{(*} Please attach certified true copies of certificates with official frank of attester.)

Special Qualifications

Research & Publications

Achievements (Scholarships, Awards, Medals etc.)

Employment Record	łc *						
Present employment: Post held	Institute	Year Mo		Year	To Month	Number of month	Last drawn salary (p.m.)
(* Please attach certified tr	ue copies of service certif	icates with of	fficia	l franl	c of atte	ster.)	
Previous employment/s:							
Post held	Institute	From Year Mo	مادمد		To Month	Number of month	salary drawn (p.m.)
(Please attach certified true Extra Curricular Acti		ates with offi	cial f	rank (of attest	er.)	
(i)							
(ii)							
(iii)							
(iv)							

(v)

Language Proficiency

_	Ability to Work					
Language	Very good	Good	Fair			
Sinhala						
Tamil						
English						

Other Information
Have you ever been found guilty in a court of law at any time for any charges? (Tick ✓ in the relevant cage) Yes No
(If yes, state particulars):
Referees (Non related)

Name	Designation	Address	Contact No.
1.			
2.			

Certification by applicant:

- (a) I declare that all particulars furnished by me in this application are true and correct to the best of my knowledge. I agree to bear any loss for not completing any part of the application form and/or for completing the form incorrectly. Further, I declare that all parts of this form have been completed by me.
- (b) I am aware that I will get disqualified before the appointment is made or dismissed from service after the appointment is made if the declaration made by me is proved to be false.
- (c) I further declare that, I will abide by the rules and regulations enforced by the Secretary of the Ministry of National Coexistence Dialogue and Official Languages relating to the conducting of examination and abide by the decisions relating to the releasing of results.

(d) I shall not later on change any particular	s turnisnea nere.
Date	Signature of Applicant
(N.B. When applying for several posts, each posts, each posts and application, all copies of respectively.)	post should be applied for separately. According to the elevant certificates should be enclosed.)
For Public Service/Corporations/Statutory B	oards Candidates only
	submitted by is forwarded herewith. If
He/She is selected for the said post He/She ca	an/cannot be released.
S	Signature of the Head of the Institution
Name	
Designation	
Date	
Seal	