

**UNIVERSITY OF KELANIYA – SRI LANKA**

**APPLICATION**

Post:

1. Name in Full (BLOCK LETTERS): …………………………………………………………………………………………...

Rev./Dr./Mr./Mrs./Miss (delete whichever is not applicable)

1. Name with Initials :
2. Permanent Address :

Tel: Mobile: E-Mail:

1. Date of Birth :

(Certified copy of Birth Certificate should be attached)

1. Age as on Closing date of Applications : Year : Months : Days :

1. Civil Status :
2. Citizenship :

(State whether by descent or by registration)

1. National Identity Card No :

 (Certified copy of NIC should be attached)

**Educational Qualifications**

1. G.C.E. O/L Examination:

|  |  |
| --- | --- |
| Year………………………...……. | Year…………………………….. |
| Subject | Grade | Subject | Grade |
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1. G.C.E. A/L Examination:

|  |  |
| --- | --- |
| Year………………………...……. | Year…………………………….. |
| Subject | Grade | Subject | Grade |
|  |  |  |  |
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**Academic Qualifications**

1. Academic qualifications **relevant to the applied post**:

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| --- | --- | --- | --- | --- | --- |
| Name of the University | Degree or Course Title | Duration | SLQF Level | Effective date | Class/Grade |
|  |  |  |  |  |  |

1. **Other** Academic qualifications:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of the University | Degree or Course Title | Duration | SLQF Level | Effective date | Class/Grade |
|  |  |  |  |  |  |

**Professional Qualifications**

1. Professional qualifications **relevant to the applied post**:

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| --- | --- | --- | --- | --- | --- |
| Name of the Institute | Course Title | Duration | NVQ Level | Effective date | Class/Grade |
|  |  |  |  |  |  |

1. **Other** Professional qualifications:

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| --- | --- | --- | --- | --- | --- |
| Name of the Institute | Course Title | Duration | NVQ Level | Effective date | Class/Grade |
|  |  |  |  |  |  |

**Experience**

1. Experience obtained relevant to the applied post

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| --- | --- | --- | --- | --- | --- | --- |
| Name of the Employer | Designation | From | To | Period | EPF No. | ETF No. |
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**Other Information**

1. Extracurricular Activities & Other relevant information

I hereby declare that the particulars furnished by me in the application are true and accurate. I am also aware that if any particulars contained herein are found to be false or incorrect, I am liable to disqualification if the inaccuracy is discovered before the selection and dismissal without any compensation if the inaccuracy is discovered after the appointment.

Signature of Applicant : ……………………………… Date : …………………………………

**Certified copies of the relevant certificates and other Documents should be attached to the application to prove the provided information.**

**For Internal Candidates**

**Recommendation of the Head of Department / Branch**

I recommended the above application and agree / not agree to release the applicant in case he/she is selected for the post.

**Signature:……………………………………..…**

**Designation:……………………………………….**

**Date ; ……………………………….. Official Stamp**

**Recommendation of Secretary/ Register/ Director/ Rector**

Application for the post of ……………………………………………………………….. submitted by …………………………………………………………………..is forwarded herewith. If she/he is selected for the said post he/she can/cannot be released.

**Signature:……………………………………..…**

**Designation:……………………………………….**

**Date ; ……………………………….. Official Stamp**