

UNIVERSITY OF KELANIA Application for Senior Lecturer and Lecturer Posts (Medical/Dental)

1.			cturerGradeII/Lecturer(Unconfirmed)/ nichever is not applicable)			
2.	Department of Study:					
3.	Area of postgraduate spec (applicable only for SLI/S					
4.	Name in full: Dr/Mr/ Ms					
5	Name with initials:					
6	Permanent address:					
7	Business address:					
8	Contact information:	Telephone Fax Email				
9	Date of Birth:	(MM/DD/YYYY)				
10	Age as on closing date for ap	plications: years	months			
11	Civil status:					
12	Sri Lankan Citizenship:	by descent / b	by registration (delete whichever is not applicable			
13	National ID Number:					

14 Details of Secondary Edu	ıcation:
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	Name of School	From	To E	xaminations Complete						
5	Details of basic degree:									
	University:									
	Period of enrolment: From	Period of enrolment: From:								
	Name of the degree:									
	Effective date of the degree:									
	Class obtained for Final MBBS / BDS or equivalent examination:									
	First / Second (upper) / Second (lower) / Pass (delete whichever is not applicable									
	Class obtained for 3 rd MBBS or equivalent examination:									
	First / Second (upper) / Second (lower) / Pass (delete whichever is not applicable									
	Class obtained for 2 nd MBBS or equivalent examination:									
	First / Second (upper) / Second (lower) / Pass (delete whichever is not applicable									
	Prizes / Medals / Distinctions / Dean's List awards:									
	(Academic transcript Postgraduate Acade									
	University/Institution	Name of	Period of enrolm	ent Effective dateo						
	O'm' o'ronty, mountainon	qualification	(from – to)	qualification						
			` ,							
<u> </u>										

Priz 	es / Medals / Distinctions	s (attach evidence c	of award):				
17	Other Professional C	Qualifications:					
	University/Institution	Name of Qualification	Period of enrolment (from – to)	Effective date of Qualification			
1							
2							
3							
4							
*Ad	d more rows if required						
18	Research and publica	ations:					
	Attach <u>numbered</u> list o <u>each</u> publication:	f <u>relevant</u> publicatio	ns in following format, to	gether with one copy			
(i)	•		peer-reviewed journals (nal, volume number, pa	\ ,·•			
(ii)	•		conference proceedings try, year, page numbers	` ' '			
(iii)	` '	Presentation (oral or poster) at conference, published in abstract form (author name(s), titl of presentation, name of conference, city and country, year, page number)					
(iv)	Book chapters (author publication, year of pu	•	ter, title of book, publishe bers)	er, city and country of			
(v)	Books and monograph publication, year of pu	,	le of book, publisher, city f pages)	andcountryof			
(vi)	Any other publications	s not listed above					
19	Details of the Presentpost						
	Designation:						
	Institution:						
	Date of appointment:						
	Tenure: F	Permanent post / te	mporary or contract ap	pointment			
	Salary scale:						

Salary step:

20 Previous Employment

Institution	Post	Dates

21	Extra-curricular (sports, aesthetics etc) and co-curricular activities (student societies etc)
	nool level:
	iversity:
	porting evidence must be attached for any claims made above

22 **Proficiency in Languages** (tick the relevant cage)

	Written				Spoken					
	V good	Good	Satisfa ctory	Weak	None	V good	Good	Satisfa ctory	Weak	None
Sinhala										
Tamil										
English										
Other										

23 Areyou under any obligatory National Service? Yes/No If yes, provide details.

24 Non-related referees

- N.B. (i) for those applying for a SLI/SLII/L (U) post, at least one referee should be a postgraduate supervisor/ trainer
 - (ii) referees are expected to submit a confidential report within 2 weeks of receiving a request from the University

(1)	(1) Name:					
	Address:					
	Contactinf	formation:	Telephone			
			Fax			
			Email			
(2)	Name:					
	Address:					
	••••					
	Contact in	formation:	Telephone			
			Fax			
			Email			
Declaration	on					
I hereby declare that the particulars furnished by me in the application are true and accurate. I am aware that if any particulars contained herein are found to be false or inaccurate, 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 applican	t:				
Date:						

For applicants currently employed in the public sector

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	or the said post, s/he can/cannot be relea	
Signature of the Head of Institution		
Name:		
Designation:		
Seal:		

This application should be accompanied by a detailed curriculum vitae, photocopies of the relevant certificates, transcripts, and other documents, including research publications.

The completed application and supporting documents should be sent by registered post, with the relevant post and Department of study, clearly marked in the top left corner of the envelope, to reach the following address by the closing date:

The Deputy Registrar, Academic Establishments, University of Kelaniya Dalugama, Kelaniya

Alternatively, soft copies of the completed application and all supporting documents may be sent by email to the following email address: applyme@kln.ac.lk The subject line should indicate the relevant post and Department of study.