



UNIVERSITY OF KELANIYA – SRI LANKA

APPLICATION

Post:

01. Name in Full (BLOCK LETTERS):

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

02. Name with Initials :

03. Permanent Address :

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Tel:..... Mobile:..... E-Mail:.....

04. Date of Birth :

(Certified copy of Birth Certificate should be attached)

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

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06. Civil Status :

07. Citizenship :

(State whether by descent or by registration)

08. National Identity Card No :

(Certified copy of NIC should be attached)

Educational Qualifications

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

Year.....		Year.....	
Subject	Grade	Subject	Grade

10. G.C.E. A/L Examination:

Year.....		Year.....	
Subject	Grade	Subject	Grade

Academic Qualifications

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

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

12. **Other** Academic qualifications:

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

Professional Qualifications

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

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

14. **Other** Professional qualifications:

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

Experience

15. Experience obtained relevant to the applied post

Name of the Employer	Designation	From	To	Period	EPF No.	ETF No.

Other Information

16. 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 Public Sector Candidates

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

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Signature of the Head of the
Institution

Name:

Designation:

Seal: