University of Kelaniya Application Form

r offic	e use:	

I	Post applied								156								
II	Department												10				
1.1	Surname with initials																
	(in block capitals)																
1.2	Name in full (in block capitals)									- 10 UZ							<u> </u>
				(сору	of the	birth o	cer	tificate	e sho	uld be	attac	ched)					
1.3																	
1.4	Civil Status																
1.5	Gender																
1.6	NIC/Passport No.																
1.7	Date of Issue of NIC/Passport				1000		300	- No. 100 -									
		L							-84/1,000		7						50000
2.1	Postal Address																
2.1	Fostal Address																
2.2	Talanhana		-			122		N 4 - 1-	11.	SMI. 91 - 1	T						
2.2	Telephone (Residence)					2.3		Mob	ile								
	(residence)																
2.4	Email Address																
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3.1	Date of Birth	Year				M	on	th				De	ate	Ι			
3.2	Age as at the	1 Cui				IVI	.011	LII				D	iic				
	closing date of	Years				Mo	ont	hs				Da	ıys				
	application																
3.3	Whether citizen of					3.5		If by r	egistr	ation g	give						
	Sri Lanka by descend or							referer the dat									
	registration						- 1	of citiz			ale						
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4 1	0.1 1 1.1																
4	Schools attended																

	Name of the School	From	To
1.			
2.			
3.			

5	Educational Qualifications				
	5.1 G.C.E. O/L Examination				4/
	Subject	Grade		Subject	Grade
	1.		5.		
	2.	,	6.		
	3.		7.		
	4.		8.		
	5.2 G.C.E. A/L Examination		Year		
	Subject	Grade		Subject	Grade
	1.		4.		
	2.		5.		
	3.		6.		

Degree Title	University/Institute	Course Duration	Effective Date	Class or Grade	Courses/subjects followed
	Degree Title	Degree Title University/Institute			

7	Postgraduate Q	ualifications				
	Degree Title	University/Institute	Course Duration	Effective Date	Class or Grade	Courses/subjects followed
		- 1530				

				8		
	(copies of the	e degree certificates/transcrip	ts containing det	ails requested 1	under 7 show	uld be attached)

8	Highest Examination passed in Sinhala/Tamil with grade (indicate whether Degree/A.L/O.L/etc)

	Membership type		Institu	te			Date on which				
	(Co-operate /Assoc	ciate etc)		5.5					awarded		
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		(copies of the mem	ibersnip certijic	ates shou	ld be at	tached)					
	1.										
10	Any other Academi	c Distinctions, Schola	arships, Medals	, Prizes.	etc.						
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	B 105111										
11	Research & Publicat	tions, if any									
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12	Past experience relev	vant to the post applied									
12	Past experience releved Designation			Fr	om			To			
12	Past experience releving Designation	vant to the post applied Name of the Emplo	oyer		om			To			
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	Designation	Name of the Emplo	Dyer I	DD MM	YY		DD				
12	Past experience releved Designation Present employment	Name of the Emplo	Dyer I	DD MM	YY		DD				
	Present employment	(copies of the exper	ience certificate	DD MM	be attac	ched)		MM	YY		
	Present employment	Name of the Emplo	ience certificate	Section of the state of the sta	be attactor	ched)	Drawn	MM (State	YY		
	Present employment	(copies of the exper	ience certificate	s should Sec (Govern	be attactor	ched)		MM (State	YY		
	Present employment	(copies of the exper	ience certificate	Section of the state of the sta	be attactor	ched)	Drawn	MM (State	YY		
	Present employment	(copies of the exper	ience certificate	s should Sec (Govern	be attactor	ched)	Drawn	MM (State	YY		
	Present employment	(copies of the exper	ience certificate	s should Sec (Govern	be attactor	ched)	Drawn	MM (State	YY		
	Present employment	(copies of the exper	ience certificate	s should Sec (Govern	be attactor	ched)	Drawn	MM (State	YY		

14	Particulars of bond obligations to Highe		ions/Institutes
	Name of the Institutions/Institute	Obligatory	Amount due in Rupees
		period	
	9		
		11/12/2007	
15	Salary point expected from the Universi	ty within the salary s	cale advertised and reasons to
	establish your claim	D	
	Salary expected	Rea	sons
		4.000	
16	Extra curricular activities		
	<u> </u>		
17	Names and addresses of two persons to	whom reference can	pe made
	1	2	
		+	
18	I hereby certify that the particulars subn	nitted by me in the a	polication and its annexure are true and
10	accurate. I am aware that if any of these	particulars are found	to be false or inaccurate, I am liable to
	be disqualified before selection and to	be dismissed without	any compensation if the inaccuracy is
	detected after the appointment.		
	,		
	Date		Signature of the Applicant
19	Recommendation by the Head of the Ins	stitution (Employees	of Government Departments, HEIs,
	Corporations, etc) I recommend the above application and	d agree/not agree to	release the applicant in case he/she is
	selected for the post applied.	a agreemet agree to	refease the applicant in case no sie is
	1 1		
	Date Name		Signature of the Head of Institution
			Official Stamp