



University of Kelaniya
Form of Application

Only for office use

Empty rectangular box for office use

Post :

01. (a) Name with initials :.....

(b) Names denoted by initials :.....

02. Whether Mr./Mrs./Miss. :.....

03. (a) Postal Address :.....
(Any changes should be communicated immediately)

(b) Telephone Number :.....

04. National ID Number :.....

05. (a) Date of Birth :.....

(b) Age as at closing date of Application :.....

06. Civil Status :.....

07. State whether citizen of Sri Lanka by Descent or Registration ? :.....

(If by Registration, give Registration No.)

08. State whether Sinhala, Tamil, Person of Indian Origin or Muslim :.....

09. Schools Attended : (1)..... (2)..... (3)..... (4).....

10. Educational Qualifications : (G.C.E. (O/L) and G.C.E. (A/L)

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

1st Sitting (Year and Index Number :) 2nd Sitting (Year and Index Number :)

Subject	Grade	Subject	Grade
1.....	1.....	.....
2.....	2.....	.....
3.....	3.....	.....
4.....	4.....	.....
5.....	5.....	.....
6.....	6.....	.....
7.....	7.....	.....
8.....	8.....	.....
9.....	9.....	.....
10.....	10.....	.....

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

1st Sitting (Year and Index Number :) 2nd Sitting (Year and Index Number :)

Subject	Grade	Subject	Grade
1.....	1.....	.....
2.....	2.....	.....
3.....	3.....	.....
4.....	4.....	.....

11. University Education :

University/Higher Education Institute	Degree/Diploma	Period	Effective date	Date of final Examination (Give Class or Grade)
1.				
2.				
3.				
4.				

12. Higher Examination Passed in

- (1) Sinhala Medium
- (2) English Medium

13. Professional Qualifications :

Institute	Qualification	Starting Date	Effective Date	Period
1.				
2.				
3.				
4.				
5.				

14. Experience (Relevant for post Applied)

Department/ Institute	Post	From			To		
		Y	M	D	Y	M	D
1.							
2.							
3.							
4.							

15. Other/Extra Qualifications

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16.I certify that all the particulars given by me in this application are true and accurate. I am aware that if any particular are found to be false or inaccurate prior to my selection, my application will be rejected, and that if particular is found to be false or inaccurate after my selection. I will be dismissed from service without compensation.

Date :.....

.....

Signature of Applicant

NOTE : Applicants in the service of Government, Corporations or Statutory Boards should forward their applications through the head of the institution concerned.

I certify that the particulars given in columns 01 to 16 of this application are correct according to the applicant's personal file. He / She could be released / could not be released from this institution if selected for appointment.

Date :

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Signature of Head of the Dept/Institution

Official Seal :