

FORM OF APPLICATION

	POST APPLIED FOR :					
1.	Name in Full: Rev./Mr./Mrs./Miss [Underline Surname] [If registered as a student in a University under any other name, please indicate such name within brackets]					
2.	Postal Address [Any change should be communicated immediate	ly]				
3.	Canta et Talankana Na	E-mail -				
	Contact Telephone No.	Fax No				
4.	Date of Birth & Age [Please attach copy of Birth Certificate]	NIC No.:				
5.	Nationality					
6.	Civil Status					
7.	Whether Citizen of Sri Lanka [State whether by descent or by registration; if by registration, give reference number and date of certificate of citizenship]					

8.	School/s	Attended			<u>From</u>	<u>To</u>
	1.					
	2.					
	3.					
9.			ons [Please at	tach copies	of all relevant certific	ates]
9.1		/L) Examination				
	<u>Year</u>	Index No.	<u>Subjects</u>			<u>Grades</u>
9.2		/L) Examination				
	<u>Year</u>	Index No.	<u>Subjects</u>			<u>Grades</u>
9.3	University	Education				
7. 0	Degree/Dip		<u>From</u>	<u>To</u>	Course Followed	Date of Final Exam & Results [Give Class/Grade]
10.	Special Qualifications [Professional, etc. – Please attach copies of all relevant certificates]					
11.						Please attach copies of

		Sinhala	-				
		Tamil	-				
		English	-				
3.	(a)	Present Occ	cupation :				
		1. Post :					
			appointment to su	-			
			r confirmed in the	e present pos	t :		
		4. Place of v					
			ale of the post :				
	6. Present salary : (a) Salary Step - (b) Allowances -						
	(b)	Previous Em	nployments, if an	y, with dates	and periods From To	Reasons for Leaving	
							
	(c)	Particulars o	of Bond Obligatio	ns to Higher	Educational Inst	itutions/Institutes	
	(c)	Particulars o if any:	of Bond Obligatio	ns to Higher	Educational Inst	itutions/Institutes	
	(c)	if any:	of Bond Obligation	ns to Higher	Educational Inst	itutions/Institutes	
	(c)	if any: (i) Obligation		ns to Higher	Educational Inst	itutions/Institutes	
	(c)	if any: (i) Obligation	atory Period:	ns to Higher	Educational Inst	itutions/Institutes	
	(c)	if any: (i) Obligation	atory Period:	ns to Higher	Educational Inst	itutions/Institutes	
4.		if any: (i) Obligation	atory Period:	ns to Higher	Educational Inst	itutions/Institutes	
4.		if any: (i) Obligation (ii) Amount	atory Period:	ns to Higher	Educational Inst	itutions/Institutes	
4.		if any: (i) Obligation (ii) Amount	atory Period:	ns to Higher	Educational Inst	itutions/Institutes	

15.	Any other relevant particulars [Not included above]		
16	No		
16.	Names of two non related refer [With positions and addresses]	rees	
	<u>Name</u>	<u>Address</u>	
	1.		
	2.		
17.	Where a period of experience is of such experience with details:	s a requirement for the post applied, state period :	
18.	I hereby certify that the particulars submitted by me in this application are true and 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 appointment.		
	Date	Cianatura of Applicant	
	Date	Signature of Applicant	

19.	[TO BE COMPLETED BY THE HEAD OF THE DEPARTMENT WHERE APPLICAB				
	(a) l	s the applicant on probation?	Yes / No		
		Was any disciplinary action taken against the applicant?	Yes / No		
	(c) I recommend/ not recommend the application.				
		Date	Signature / Head of the Department		
	Note: If space not sufficient to enter the details under each column use a separate sheet and attach to the end.				