<u>UNIVERSITY OF KELANIYA – SRI LANKA</u> <u>APPLICATION – POST OF SCIENTIFIC ASSISTANT (GRADE I)</u>

POST
01. Name in Full
Rev/Mr/Mrs/Miss (delete whichever is not applicable)
02. Name with Initials
03. Permanent Address
Tele Fax E-mail
04. Business Address
05. Date of Birth
06. Age as on closing date of Applications: Years Months Days
07. Civil Status
08. Citizenship (State whether by descent or by registration)
09. National Identity Card No

10. Details of Secondary	Education					
Name of School/College		From	То	Examination Pass		
11. Higher Education [F University/Institution	irst Degree and From - To (with Dates)		e / Professional qua d Class Obtained	olification] Subject / Subjects	Effective Date of the degrees	
					2.08.000	
12. Subjects offered for	the first degre	ee				
1. 3.						

State whether first Degree is a Special Degree or a General Degree
13. Details of Scholarships, Medals &Prizes etc.
(If space is not sufficient use separate sheet of same size and attach to the end)
14. Present Post and Institution
Date of Appointment
Salary Scale
Salary Step
(State whether a Permanent post or a Temporary /Contract Appointment)

ost	Institution	To - From
ce is not sufficient	t use separate sheet and attach to the end)	
ace is not sufficient		

	17.	Proficiency	ı in	Languages
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(Tick correct cage)

Written						Spoken					
Language	guage Very Good Good Satisfactory Normal					Very Good	Good	Satisfactory	Normal	Weak	
i Sinhala											
ii Tamil											
iii English											
iv Other											
			1					'			
18. Detai	ls of Ba	nk Loa	ns for highe	r studies	if any						
Name of the Bank Loan					Date			,	Amount		
19. Are yo	u unde	r any o	bligatory Na	ational Se	ervice?						

20. Names and addresses	s of two non- related referees	
(1)	(2)	
aware that if any partice disqualification if the in	particulars furnished by me in the application are true and acculars contained herein are found to be false or incorrect accuracy is discovered before the selection and dismissauracy if the inaccuracy is discovered after the appointment.	I am liable to
Signature of Applicant	Date	

For Public Sector Candidates

Application	for	the	post	of					submitte	d by
					is forwarded herewith	n. If he	she is s	elected	for the sai	d post
he/she can/o	cannot	be re	leased.							
						Signa	ture of the	of e Institu	the tion	head
Name:										
Designation:										
Seal:										
Please attach	n phot	ocopie	es of the	e rele	evant certificates to the appl	ication.				