UNIVERSITY OF PERADENIYA APPLICATION FOR A TEMPORARY POST

1.	Post		:							
2.	Department :									
3.	Name in full (Rev./Dr./Mr./Mrs./Ms)			:						
4.	Home Address		:							
5.	Date of Birth		:							
6.	Undergraduate Regi	stration No.	:							
7.	Whether a citizen of Sri Lanka? (Please provide Registration Number, if citizenship is by									
registration)										
8.	University Education	n	:							
-										
	University	From	То		e followed subjects	Results (Give Class or Grade)				
-										
-										
	0 Is your Degree results DENDINC? Ver									
	9. Is your Degree results PENDING? Yes No No 10. Highest Examinations passed in (a) Sinhala/ Tamil									
	10. Inghest Examina	ttions pussee	a iii (a) 51	innara/ i ann	1	•••••••••••••••••••••••••••••••••••				
			(b) E	nglish						
	11. Previous appoint	ment		-						
-	Department	From	То	Re	eason for leav	ving/ cessation				

I hereby certify that the particulars submitted by me in this application are true and accurate to the best of my Knowledge

Date:

Signature of applicant

- If the applicant is not from the faculty where the vacancy exits, a certificate from the Dean of the Faculty where he/ she has completed the undergraduate program should be annexed. This Certificate should clearly state that the applicant has successfully completed the program of study.
- Please attach your Curriculum Vitae.

IMPORTANT

Immediately after resignation / Termination of service the duly filled Provident Fund Refund Form has to be submitted to the Academic Establishments Branch. If the Provident Fund Refund Form is not submitted with the resignation letter and is submitted in the subsequent month / year, the employee should take the responsibility for the delay in releasing the Provident Fund. Vice-Chancellor University of Peradeniya

The	ough:	Dean / Faculty of		
This applie	cant has fulfil	illed all the requirements for the Degree of		
	Information provided under Column 02 overleaf of his / her application is correct. I suggest to funds for this appointment be found as follows. (Please be specific: if the suggestion is to utilize provision availed for a particular teacher on no pay leave the name of such teacher should mentioned).			
	Please appoi	oint him/ her for a period ofmonths/ Years fro to e reasons, if the appointment is to be effective during a Vacation	m	
Date:			ad of the Department	

Recommendation of the Dean of the Faculty

Date:

Signature of the dean of the Faculty

FOR OFFICE USE ONLY