GENERAL SIR JOHN KOTELAWALA DEFENCE UNIVERSITY APPLICATION FOR THE POSTS OF ACADEMIC STAFF

For Office Use only	
NIC No	
Applied Post (Please put "√" mark on relevant box) (Tick only one box)	Deputy Vice Chancellor (Academic) Librarian
01. Full Name (In block letters)	
Name with initials	Prof/Dr/Mr/Ms
02. a. Permanent Address	
b. Tel No	Residence
	Mobile
c. E-Mail	
d. Fax	
e. Skype ID	
03. Date of Birth	Year Month Date

04.	Age (as at closing date)	Years	Months	Days
05.	Civil Status	Marrio	ed	Single
06.	Gender	Male		Female
07				
07.	Sri Lankan Citizenship	By Desc	ent	By Registration
08.	School/s Attended			
00.	School, 3 Michaed			
00	Highest Eveningtion Deced in	Sinhala		
09.	Highest Examination Passed in	Tamil		
		English		

10. University Education (Basic Degree)

Basic Degree	Effective Date	Awarded Institute	Medium	Special or General Degree	Subjects Followed	Class (Pl. indicate clearly)	Annexure No. (Copy of the Certificate)

11. Postgraduate Qualifications

(if space is insufficient please use a separate sheet)

Degree/Diploma Course	Effective		Full time		Duration				Credits		Annexure No. (Copy
(by research or by Examination)	Date	Institute Awarded	or part time	From	То	Yrs	Mts	Course work	Research / Thesis	Total	of the Certificate)

12. Professional Qualifications

(PCIM Roand contification Chapter

(PGIM Board certification, Chartered Qualifications, Attorney at Law, etc.)

(if space is insufficient please use a separate sheet)

	Educational and professional qualifications							
Sr. No.	Qualification	Effective	Institute Awarded		Duratio	n		Annexure No.
110.	Qualification	Date		From	То	Yrs	Mts	(Copy of the Certificate)

13. a. Present Occupation: (if space is insufficient, please use a separate sheet)

		Nature of work		Perio	d of service			Annexure
Place of Work	Place of Work Designation/Post		Salary drawn per month	From	То	Yrs	Mts	No. (Copy of the Service Letter)
								,

b. Previous Occupations: (if space is insufficient, please use a separate sheet)

Sr. No. Place of Worl	Place of Work	Designation/Post	Place of Work Posignation / Post					Annexure No. (Copy of Service Letter)	
140.	race of work	Designation/10st	From	То	Yrs	mts	Letter)		

14. Details of Awards/Scholarships etc.

University/ Institution	Scholarships/ Awards/ Prizes/ Academic Distinctions	Year	Annexure No. (Copy of the Certificate)

15. (if sp	Research & Publications, it any: pace is insufficient, please use a separate sheet)
16.	Extra-Curricular Activities (if space is insufficient, please use a separate sheet)
17.	Any other relevant facts

	•	d in to a Bond/Agreenining/Study Programme	•	your previous
i.	Institute/s	:		
ii.	Nature of Traini	 ng/ :		
	Study Programm	ne		
iii.	Obligatory Perio	od :		
iv.	Date of Commer of obligatory pe	ncement:riod		
v.	Date of Expiry o			
vi.	Monetary Value			
19. N	Names, occupation	ns and addresses of two n Address	Occupation	Contact No
	TWINE		Cecupation	

20. Certification by Applicant

I hereby certify that the particulars submitted by me in this application form 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.

Further, I have enclosed copies of the following documents. (Please insert " $\sqrt{}$ " mark)

Desc	ription of Document	Attached	Annexure No
1. Bii	rth Certificate		
2. NI	C/Passport		
3. Ba	sic Degree Qualifications		
a.	Basic Degree Certificate		
b.	Transcript/ Detailed results sheet		
4. Po	stgraduate Qualifications		
a.	Postgraduate Degree certificate		
b.	Transcript/ Detailed results sheet		
5. Aı	uthentication letter from UGC (for foreign Degrees)		
6. Pr	ofessional Qualifications		
a.	Certificates/ Letters		
b.	Special Training		
7. Se:	rvice Certificates		
<u>, </u>		•	
Date	·····		

518	gnatui	re of A	Appli	ıcant	

21. To be completed by the present employer (If any)		
	n/ cannot be released, if selected f lawala Defence University.	or the post applied at General
Any Special Comments :		
Signature		
Name :		
Designation:		
Date :		
For Office Use Only	-	
Date Received		
Eligibility	Yes	No
Category		
If No, Reasons		
Senior Assistant		
Registrar		
(Establishment)		
Comments of		
Shortlisting		
Committee		