GENERAL SIR JOHN KOTELAWALA DEFENCE UNIVERSITY APPLICATION FOR THE POST OF ADMINISTRATIVE STAFF SOUTHERN CAMPUS

For Office Use only	
NIC No	
Applied Post	University Medical Officer
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	Mon	th	Date	
04.	Age (as at closing date)	Years	Mont	ths	Days	
05.	Civil Status	Ma	rried		Single	
0.6						
06.	Sex	Ma	ale	Female		
07.	Sri Lankan Citizenship	n n		D	D	
	•	Ву Де	escent	Ву	y Registration	
08.	School/s Attended					
09.	Highest Examination Passed in	Sinhala				
		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 of
(by research or by Examination)	Date	Institute Awarded	or part time	From	То	Yrs	Mts	Course work	Research / Thesis	Total	the Certificate)

12. Professional Qualifications
(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		Duration			Annexure No. (Copy of the
110.	Qualification	Date	nistitute Awarded	From	То	Yrs	Mts	Certificate)

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

		Nature of work		Pe	riod of servic	e		Annexure
Place of Work	Designation/Post	assigned	Salary drawn per month	From	То	Yrs	Mts	No. (Copy of the
			r	110111	10			Certificate)

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

Sr. No.	Place of Work	Designation/Post	Period of Service				Annexure No. Copy of Service Letter)
140.	riace of vvolk	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)

er	mployer/s for Training	:/Study Programme:
i.	Institute/s	:
ii.	Nature of Training/	:
	Study Programme	
iii.	Obligatory Period	;
iv.		
IV.	of obligatory period	ent:
v.	Date of Expiry of	:
	obligatory period	
vi.		÷
	the Bond	
	esearch & Publications	•
(if spac	e is insufficient, please	use a separate sheet)
L		

Have you entered in to a Bond/Agreement with any of your previous

15.

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]	pecial details of administrative experience (for Administrative Category)
Ĺ	f space is insufficient, please use a separate sheet)
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	ny other relevant facts

20. Names, occupations and addresses of two non related referees

Name	Address	Occupation	Contact No

21. 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. Bir	th Certificate		
2. NI	C/Passport		
3. Bas	sic Degree Qualifications		
a.	Basic Degree Certificate		
b.	Transcript/ Detailed results sheet		
4. Pos	stgraduate Qualifications		
a.	Postgraduate Degree certificate		
b.	Transcript/ Detailed results sheet		

Description of Document		Attached	Annexure No
5. Authentication	letter from UGC (for foreign Degrees)		
6. Professional Q	ualifications		
a. Certificates	s/ Letters		
b. Special Tra	Special Training		
7. Service Certific	cates		
		•	
Date :		nature of App	·····licant
22. To be comp	leted by the present employer (If any)		
	can/ cannot be released, if selected for thotelawala Defence University.	e post applie	d at General
Any Speci	al Comments :		
Signature			
3. T			
Date :			
For Office Use C	only		
Date Received			
Eligibility	Yes		No
Category			
If No, Reasons			
Senior Assistant Registrar (Establishment)			
Comments of Head/Dean			