



WAYAMBA UNIVERSITY OF SRI LANKA
KULIYAPITIYA
FORM OF APPLICATION - 2020

[N.B. All information furnished in this application should be substantiated with documentary evidence.
Alteration to the format of this application is not allowed.]

POST

DEPARTMENT

1. Name in Full : Underline Surname			
2. Whether Rev ./Mr./Mrs./Miss.			
3. Postal Address : (any change should be communicated immediately)			
4. Telephone Number E-mail Address : (if available)		Office: Residence: E-mail:	Fax: Mobile:
5. Date of Birth & Age :			6 (a). Civil Status: (b). N.I.C. No.
7. Whether Citizen of Sri Lanka : (State whether by descent or by registration : if by registration ' give reference number & date of certificate of citizenship)			
8. Education - Schools attended		<i>From</i>	<i>To</i>
(i)			
(ii)			
(iii)			
(iv)			

9. University Education : (Degrees, Diploma etc.) University	<i>From</i>	<i>To</i>	<i>Course followed (with Subjects)</i>	<i>Results (with Class/Grade and the Equivalent GPA)</i>
10. Postgraduate qualifications [State whether by course work or research, duration, effective date, University and the no. of credits earned from research]				
11. Special/ Professional Qualifications etc.				

12. Academic distinctions, Scholarships, Medals, Prizes, etc. (Indicate the institution from which such awards have been obtained)

13. Research & Publications, if any :
(If space is insufficient, please use separate sheet)

14. Proficiency on Languages : Highest Examination passed in;
Sinhala -

Tamil -

English -

Other -

15. (a) Present occupation :
1. Post:
 2. Employer with address and contact information
 3. Date of appointment to such post :
 4. Whether confirmed in the present post:
 5. Salary scale of the post;
 6. Present Salary : (a) Salary step :

(b) Allowances

b) Previous appointments ,if any, with dates and periods stating from the recent most
Department/Institution

Post

From

To

Duration

Total

..... YM

c) Administrative Experience, if any

<p>d) Particulars of Bond Obligations to Higher Educational Institution/ Institute, if any:</p> <p>(i) Obligatory Period :</p> <p>(ii) Amount Due :</p>				
<p>16. Where a period of experience is a requirement for the post applied , state period of such experience with details: <u>Department/Institution</u></p>	<u>Post</u>	<u>From</u>	<u>To</u>	<u>Duration</u>
<p>17. Extra - Curricular activities :</p>			TotalYM

18. Brief Career Vision (Not more than 200 words)
[Relate your background, experience and future interests]

19. In the event of being selected please indicate the duration within which you would be able to assume duties.

20. Names of two non –related persons to whom reference can be made : (with addresses)

Name & Address

1. Tel. No.
..... Email
..... Fax No.....
.....

2. Tel. No.
..... Email
..... Fax No.....
.....

21. 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 :

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Signature of Applicant

Recommendation of the Head of the Institution

(If employed at Higher Education Institution, Government Departments and Government Corporations)

I recommend and forward herewith the application of for the above post and agree/ do not agree to release him/ her if selected to the post applied for.

Any Other Observations:
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.....

Date :

.....
Signature/ Head of the Institution
Official Stamp