

#### FORM OF APPLICATION

#### **Post Applied For: Internal Auditor**

#### Category of eligibility: (Please <u>underline</u> the category you wish to apply for this post)

	(1) (2	2) (3)	(4)	(5)	(6)	(7)
1.	[If registered a	<b>ll: Rev./Mr./Mrs./</b> s a student in a Univers such name within brac	ity under any ot	_		
2.	<b>Postal Addr</b> [Any change s	<b>'ess</b> hould be communicated	d immediately]			
3.	Contact Telephone No.			E-M		
4.	Date of Birt	<b>h &amp; Age</b> copy of Birth Certificate	e]	Fax .	No	

#### 5. Nationality

#### 6. Civil Status

#### 7. Whether Citizen of Sri Lanka

[State whether by descent or by registration; if by registration, give reference number and date of certificate of citizenship]

#### 8. Educational Qualifications [Please attach copies of all relevant certificates]

University Education
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Degree/Diploma, etc. &	<u>From</u>	<u>To</u>	Course Followed	Date of Final Exam
Name of the University				<u>&amp; Results [Give</u>
				Class /Grade]

9. Special Qualifications

[Professional, etc. – Please attach copies of all relevant certificates]

#### 10. Postgraduate Qualifications

[State whether by course work or research, duration and effective date – Please attach copies of all relevant certificates]

11. Academic Distinctions, Scholarships, Medals, Prizes, etc., [Indicate the Institution from which such awards have been obtained – Please attach copies of relevant certificates]

#### 12. Research Publications, if any

[If space is insufficient, please use a separate sheet]

### 13. Proficiency on Languages : Highest Examination passed in,

Sinhala Tamil English

#### 14. (a) Present Occupation :

- 1. Post :
- 2. Date of appointment to such post :
- 3. Whether confirmed in the present post :
- 4. Place of work :
- 5. Salary scale of the post :
- 6. Present salary : (a) Salary Step -
  - (b) Allowances -

(b) Previous Employment, if any (with experience), with dates and periods					
Department/ Institution	Post	Fron	<u>n To</u>	Reasons for Leaving	

Experience, if any (c)

#### Particulars of Bond Obligations to Higher Educational Institutions/Institutes (**d**) if any:

- Obligatory Period : (i) :
- (ii) Amount Due

#### 15. Commendations/Punishments, if any, During your career in the University/ **Educational Institution**

16. Extra Curricular Activities

# **17**. **Any other relevant particulars** [*Not included above*]

## **18.** Names of two Non related referees [With positions and addresses]

	Name	Address
1.		
2.		

**19.** Where a period of experience is a requirement for the post applied, state period of such experience with details:

**20**. 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

Signature of Applicant

### 21. [TO BE COMPLETED BY THE HEAD OF THE DEPARTMENT WHERE APPLICABLE]

- (a) Is the applicant on probation? Yes / No
- (b) Was any disciplinary action taken against the applicant?
- (c) I recommend/ not recommend the application.

Date

Signature of Head of Department

Yes / No

<u>Note</u>: If space not sufficient to enter the details under each column use a separate sheet and attach to the end.