

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	ll: Rev./Mr./Mrs./ s a student in a Univers such name within brac	ity under any ot	_		
2.	Postal Addr [Any change s	'ess hould be communicated	d immediately]			
3.	Contact Telephone No.			E-M		
4.	Date of Birt	h & Age 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

Degree/Diploma, etc. &	<u>From</u>	<u>To</u>	Course Followed	Date of Final Exam
Name of the University				<u>& 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.