

SOUTH EASTERN UNIVERSITY OF SRI LANKA

FORM OF APPLICATION FOR NON-ACADEMIC POST

PO	OST AP	PLIED FOR					
1.	Person	nal Information					
	1.1	Full Name					
	1.2	Name with Initial/s					
	1.2		(1).71	A () A			
			(Whether N	/Ir./Mrs./	WISS)		
	1.3	Date of birth			1.4	Age	
	1.5	Sex			1.6	Civil Status	
	1.7	a) Address					
	1.7	i. Postal					
		ii. Private					
		II. FIIvate					
		b) Telephone Number	[
		b) Telephone Number					
		c) Fax Number					
		d) Email Address					
		a) Linai Address					
	1.8	Whether Citizen of Sri L	Lanka	Yes		No	
	1.9	National Identity Card N	lo.				

2. Educational Record

2.1

(Attach copies of the relevant document)

School attended	From	То	Last Class passed

2.2 G.C.E. (O/L) Exam Results

esults G.C.E. (A/L) Exam Results (Attach copies of certificates)

Year	Subject	Grade	Year	Subject	Grade

2.3 University/ Post Graduate Education (Degree, Diplomas, Etc) (Attach copies of certificates)

		University	Date of	Effective	Duration
Degrees/Diplomas	Class		Commencement	Date	

2.4 Professionals Qualification

(Attach copies of certificates)

2.5 Language Proficiency

Language	Highest Examination Passed		

3. Employment Record

- 3.1 Present Employment
 - i. Post:
 - ii. Date of appointment to such post :
 - iii. Whether confirmed in the present post :
 - iv. Place of work with the Address :
 - v. Salary Scale of the post :
 - vi. Present Salary a. Basic Salary:
 - b. Allowances :
- 3.2 Previous Employment

		Period of Service		Period of Service		Last Monthly	Reason for
Post held	Institute	From	То	Salary	Cessation of		
				received	Employment		

- **4.** (a) Period of experience gained as at the closing date of Applications relevant to the post applied :
 - (b) If you have obtained no-pay leave during this period, state reasons and the period of such leave :

5. Extra Curricular Activities

7. Paste the cash receipt properly here

(Paste the receipt here securely) (It would be advisable to keep a photocopy of the receipt with the candidate)

I do hereby certify that the above particulars submitted by me are true and accurate. I am aware that if any of the particulars are found to be false or inaccurate, I am liable for disqualification or dismissal without any compensation if the inaccuracy is detected after appointment.

Date:....

Signature of Applicant

ATTESTATION

I hereby certify that Mr./ Mrs./ Ms. who submits this application is known to me personally, that he/ she has paid the prescribed examination fee and affixed the relevant receipt herein. He/ She placed his/ her signature in my presence on

Date

Signature of the Officer attesting the Signature

To be completed by the present employer (if any)

Applicant can / cannot be released, if selected for appointment.

Any special comments:

Signature of the Head of Dept.