



**SOUTH EASTERN UNIVERSITY OF SRI LANKA**

**FORM OF APPLICATION FOR NON-ACADEMIC POST**

**POST APPLIED FOR**

**1. Personal Information**

1.1 Full Name

1.2 Name with Initial/s

(Whether Mr./Mrs./Miss)

1.3 Date of birth

1.4 Age

1.5 Sex

1.6 Civil Status

1.7 a) Address  
i. Postal

ii. Private

b) Telephone Number

c) Fax Number

d) Email Address

1.8 Whether Citizen of Sri Lanka

Yes

No

1.9 National Identity Card No.

**2. Educational Record**

2.1

(Attach copies of the relevant document)

<b>School attended</b>	<b>From</b>	<b>To</b>	<b>Last Class passed</b>

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

G.C.E. (A/L) Exam Results

(Attach copies of certificates)

<b>Year</b>	<b>Subject</b>	<b>Grade</b>

<b>Year</b>	<b>Subject</b>	<b>Grade</b>

2.3 University/ Post Graduate Education (Degree, Diplomas, Etc)

(Attach copies of certificates)

<b>Degrees/Diplomas</b>	<b>Class</b>	<b>University</b>	<b>Date of Commencement</b>	<b>Effective Date</b>	<b>Duration</b>

2.4 Professionals Qualification

(Attach copies of certificates)




**6. Other relevant Particulars/ Computer awareness**

**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

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**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

Name in full of the Officer Attesting the Signature: .....

.....  
Designation : .....

Address : .....

(Official Stamp)

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**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.