



SOUTH EASTERN UNIVERSITY OF SRI LANKA

FORM OF APPLICATION

Post:

1. Name in Full :

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Name with initials :

(Rev./ Mr./ Ms/ Dr/ Prof)

2. i. Sex: Male Female

ii. Civil Status: Single Married

3. Postal Address: Permanent Address:

.....

.....

.....

Telephone No.:..... Telephone No.:.....

e-mail e-mail:

4. Date of Birth Age at Closing Date

Year	Month	Date

Years	Months	Days

5. Citizenship: By Descent By Registration

6. National Identity Card No:

7. Education Schools Attended:

Name of School Attended	From	To

8. University Education: First Degree/ PG Degree (attach copy of certificate)

Name of the University	Duration		Course followed with Subjects (Special/ General)	Results (give class or grade with effective date)
	From	To		

9. Other Diploma, Membership, Fellowships etc. (attach copy of certificate)

Institute	Diploma etc.	Year

10. Professional Qualifications: (attach copy of certificate)

Institute	From	To	Examination passed or Degree obtained etc

11. Language Proficiency (Please tic ✓):

Language	Ability to Work				Ability to Communicate			
	Very good	Good	Fair	No Knowledge	Very good	Good	Fair	No Knowledge
Sinhala								
Tamil								
English								

15. Other relevant particulars:

16. Two non related Referees:

	<u>Name</u>	<u>Designation</u>	<u>Address</u>
(i)

(ii)

Note:- One of the referees should be the Head of the Institution in which the candidate works.

17. Paste the cash receipt properly here

<p>(Paste the receipt here securely) (It would be advisable to keep a photocopy of the receipt with the candidate)</p>
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18. I hereby certify that the particulars submitted by me in this application are true and accurate. I am aware that if any of 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

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)

For Public Service/ Corporation/ Statutory Board Candidates Only

Application for the post of

Submitted by

is forwarded hereby. If he/ she is selected for the said post he/ she can be / cannot be released.

.....
Signature of the Head of the Department

(Official Seal)

Name :

Designation :

Date :

(N.B.: when applying for several posts, each post should be applied for separately)
