

UNIVERSITY OF COLOMBO
SRI LANKA.

FORM OF APPLICATION

Post:		
1. Name in Full: Underline Surname		
2. Whether: /Mr./Mrs./Miss		3. NIC:
4. Postal Address:		
5. Contact Details:	Telephone: (mobile/home/office) E mail:	
6. Date of Birth & Age:	Date: Month: Year:	Age:
7. Whether Citizen of Sri Lanka: (state whether by descent or by registration: if by registration, give reference number & date of certificate of citizenship)		
8. Education Qualification: (Please attached copies of certificates starting from the highest qualification)	Year	Name of the Qualification

<p>9. Professional Qualification, If any: (If space is not enough attached information to the application).</p>	<p>Year Name of the Qualification</p>
<p>10 Working experience: (If space is not enough attached information to the application).</p>	<p>Period Position the Institute Name of</p>
<p>11 In the event of being selected please indicate the latest date on which you would be able to assume duties.</p>	
<p>12 Extra - Curricular activities: (If space is not enough attached information to the application).</p>	
<p>13 Any further relevant particulars not mentioned above: (If space is not enough attached information to the application).</p>	
<p>14 Names of two persons (with addresses) to whom reference can be made.</p>	<p>(1) Name: Address: T: E:</p>

	(2) Name: Address: T: E:
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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 the Applicant: