

BUDDHIST & PALI UNIVERSITY OF SRI LANKA FORM OF APPLICATION

							For C	Office	Use			
							I.D.N	lo:				
	PO	ST OF V	ENA	RAB	SLE V	/ICE-	СНА	NCE	LLO	R		
1	Name in Full											
	(in block letters)											
2	Postal Address											
	_											
	L											
3	Contact Telephone No											
	Fax No											
	E-Mail											
4	Date of Birth											
	Year	Month	Da	ıte								
5	Age as at closing date of	f applicat	tion									
	Year	Month	Da	ite								
6	Sri Lankan Citizenship											
	By Descent											
	By Registration											

	Name of the Examina	tion							1		
								Sinhala			
								Tamil			
								English			
								8	ı		
8	niversity Education (Basic Degree)										
	University	degree & the Year	Medi	um		ecial or ral Degree	Subjects Followed	Class (l			
9	Postgraduate Qualific	eations:									
	University /	degree / Diploma Course (Pl. indicate		Period		iod	Subjects	Results			
	Institution	whether by rese	earch —				Followed & the Effective date				
		for by examinat	tion)	Fr	om	То	Effective date				
10	Professional Qualifications (If Space is insufficients, Please use a separate sheet of same size)										
10								I same size			
	University / Institution			Date of commencement			Effective date	Duratio	on		

7 Higher Examination Passed in following Language

11	Research & Publications, if any						
	(If Space is insufficients, Please use a separate sheet of same size)						
12 (a) Present Occupation:							
	Employer	Designation & nature of work	Salary drawn per	Period			
		assigned	month	From	То		
	(b) Previous Occupati	ion:					
	Designation & nature of work Salary drawn per Period						
	Employer	assigned	month	From	То		
13	Extra Curricular Activities (If Space is insufficients, Please use a separate sheet of same size)						

14	Specific details of administrative experience (For Administrative Category) (If Space is insufficients, Please use a separate sheet of same size)							
15	Any Other relevant facts							
16	Names, Occupations and Addresses of two non related referees							
	Name	Address	Occupation					
17	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 of the inaccuracy is detected after appointment.							
	Date:		Signature					
	(To be Completed by the	olicable)						
	Application forwarded. Please note th	Application forwarded. Please note that if selected action will be taken to release him from servi						
	Date:		re of Head of Department					