

UNIVERSITY GRANTS COMMISSION

FORM OF APPLICATION FOR THE POST OF REGISTRAR/BURSAR

POST:

(Indicate the name of the post as given in the advertisement)

01. (a) Name with initials :

(b) Names denoted by initials :

02. Whether Mr./Mrs./Miss :

03. (a) Postal Address :
(Any change should be
communicated immediately)

(b) Contact Telephone No. :

(c) E-mail address :

04. National Identity Card No. :

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05. (a) Date of Birth :

(b) Age as at the closing date
of applications :
(i.e. December 31, 2020)

06. Gender :

07. Civil Status :

08. Whether Citizen of Sri Lanka :
(State whether by decent or by
registration) if by registration,
give reference number & date
of certificate of citizenship

09. (a) Whether you have been convicted
for a civil or criminal case previously:

(b) If 'Yes' state further information on the same:

Contd.../2

10. Education - Schools Attended :

From

To

- (1)
- (2)
- (3)
- (4)
- (5)

11. Qualifications (obtained as at closing date of the applications i.e. December 31, 2020)
(All qualifications to be considered should be indicated in the application and the certified copies of certificates should be attached to the application)

Degrees/ Diplomas/ Other	Class/ Pass	University/ HEI/ Institute	Date of Commencement	Effective Date	Duration/ Prescribed period of Study
<u>Bachelor's Degree</u>					
<u>Postgraduate Degree</u>					
<u>Postgraduate Diploma</u>					

Contd.../3

Degrees/ Diplomas/ Other	Class/ Pass	University/ HEI/ Institute	Date of Commencement	Effective Date	Duration/ Prescribed period of Study
<u>Professional Qualifications</u>					
<u>Diploma Level Courses</u>					
<u>Certificate Level Courses</u>					

Contd.../4

12. **Relevant Training (Short Term)** (obtained as at closing date of the applications i.e. December 31, 2020) (All information to be considered should be indicated in the application and the certified copies of certificates should be attached to the application)

Name of the Programme	Institute	From	To	Duration (Months/ Weeks/ Days)
<u>Months</u>				
<u>Weeks</u>				
<u>Days</u>				

13. **IT related** (obtained as at closing date of the applications i.e. December 31, 2020) (All information to be considered should be indicated in the application and the certified copies of certificates should be attached to the application)

Name of the Programme	Institute	Effective Date	Duration
<u>Diploma Level</u>			
<u>Certificate Level</u>			
<u>Other</u>			

14. Extra Curricular Activities (obtained as at closing date of the applications i.e December 31, 2020) (All information to be considered should be indicated in the application and the certified copies of certificates should be attached to the application):

1.
2.
3.
4.
5.
6.

15. Any other academic distinctions :

Scholarships, medals, prizes etc.
(indicate the Institution from which
such awards have been obtained)

16. Research & Publications if any :
(If space is insufficient, please use
separate sheet of same size)

17. Highest examination passed in :
Sinhala/Tamil

18. (a) Present Occupation :

1. Post :.....

2. Date of appointment to such post :.....

3. Whether confirmed in the present post:.....

4. Place of work with the Address :.....

.....

5. Salary Scale of the post :.....

6. Date of appointment to the Present Salary Scale:.....

7. Present Salary a. Basic Salary:.....

b. Allowances:.....

Contd/...6

(b) Previous appointments if any, with dates.**(i) In the University System prior to 18 (a) above [Internal]**

(All information to be considered should be indicated in the application and the certified copies of certificates should be attached to the application):

Department/Institution	Post	Salary Scale	From	To
1.				
2.				

(ii) Other [External] if any

Department/Institution	Post	Salary Scale	From	To
1.				
2.				
3.				

19.

(a) Period of experience gained as at the closing date of Applications (i.e December 31, 2020) relevant to the post applied :

(b) If you have obtained no-pay leave during this period, state reasons and the period of such leave :

Contd/...7

20. Names of two non-related referees with addresses and contact numbers

Name

Address

1.

 Contact No:
 Email Address:.....

2.

 Contact No:
 Email Address:.....

I do hereby certify that 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 Applicant

Secretary
 University Grants Commission

Application is recommended and forwarded.

.....
 Signature & Rubber Stamp of the Head of the
 Governing Body

(If you are currently employed it is compulsory to forward the application through the Head of the Governing Body.)

Remarks if any :

ATTESTATION

I hereby certify that Mr./ Mrs./ Ms.
 who submits this application is known to me personally, and 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)