

## **INSTITUTE OF TECHNOLOGY** University of Moratuwa **Application Form**

for office use only

|    | Post applied   |       |          |               |                |  |         |        |          |    |     |
|----|--|-------|----------|---------------|----------------|--|---------|--------|----------|----|-----|
| 1  | Surname with<br>initials<br>(in block capitals)<br>Name in full<br>(in block capitals) |       |          |               |                |  |         |        |          |    |     |
|    |  |       | (copy of | the birth cei | rtifica        | te should be   | e attac | hed)   |          |    |     |
| 3  | Civil Status   |       |          |               |                |  |         |        |          |    |     |
| 4  | Gender   |       |          |               |                |  |         |        |          |    |     |
| 5  | NIC/Passport No.   |       |          |               |                |  |         |        |          |    |     |
| 6  | Date of Issue of NIC/Passport  |       |          |               |                |  |         |        |          |    |     |
| 7  | Postal Address   |       |          |               |                |  |         |        |          |    |     |
| 8  | Telephone<br>(Residence)   |       |          | 2.3           | Ν              | Iobile   |         |        |          |    |     |
| 9  | Email Address  |       |          |               |                |  |         |        |          |    |     |
|    |  |       | I        | <u>I</u> I    |                | I  |         | I      | L        | L  |     |
| 10 | Date of Birth  | Year  |          | Month         |                |  |         | Date   |          |    |     |
| 11 | Age as at the<br>closing date of<br>application  | Years |          | Months        |                |  | Days    |        |          |    |     |
| 12 | Whether citizen of<br>Sri Lanka by<br>descend or<br>registration                       |       |          | 12.1          | refer<br>the d | registration<br>ence numbe<br>ate of certif<br>tizenship | r and   |        | <u>.</u> |    |     |
| 13 | 13 Schools attended  |       |          |               |                |  |         |        |          |    |     |
| 15 | Schools attended   Name of the School   From   To                                      |       |          |               |                |  |         |        |          |    |     |
|    | 1.   |       |          |               |                |  |         |        |          |    |     |
|    | 2.   |       |          |               |                |  |         |        |          |    |     |
|    | 3.   |       |          |               |                |  |         |        |          |    |     |
| 14 | Educational Qualifications   |       |          |               |                |  |         |        |          |    |     |
|    | G.C.E. O/L Examination   |       |          | Crada         | Year Su        |  |         | -ia at |          |    | ada |
|    | Subject  |       |          | Grade         | 6.             | Subject 6.   |         |        |          | Gr | ade |
|    | 2.   |       |          |               | 7.             |  |         |        |          |    |     |
|    | 3.   |       |          |               | 8.             |  |         |        |          |    |     |
|    | 4.   |       |          |               | 9.             |  |         |        |          |    |     |
|    | 5.   |       |          |               | 10.            |  |         |        |          |    |     |
|    |  |       |          |               |                |  |         |        |          |    |     |
|    |  |       |          |               |                |  |         |        |          |    |     |

|    | G.C.E. A/L Ex  | amination  |                   | Yea             | r                |                      |            |                  |          |  |  |
|----|--|--|-------------------|-----------------|------------------|----------------------|------------|------------------|----------|--|--|
|    |  | Grade  |                   | <u>.</u>        | Subj             | ect                  | Grade      |                  |          |  |  |
|    | 1.   |  |                   | 4.              |                  |                      |            |                  |          |  |  |
|    | 2.   |  | 5.                | 5.              |                  |                      |            |                  |          |  |  |
|    | 3.   |  | 6                 | 6.              |                  |                      |            |                  |          |  |  |
|    | 0.   |  |                   | 0.              |                  |                      |            |                  |          |  |  |
| 15 | University Edu   | cation   |                   |                 |                  |                      |            |                  |          |  |  |
|    | Degree Title University/Institute  |  | Course            | E               | Effective Date   |                      | Class or   | Courses/subjects |          |  |  |
|    |  |  | Duration          |                 | of Degree        |                      | Grade      | followed         |          |  |  |
|    |  |  |                   |                 |                  |                      |            |                  |          |  |  |
|    |  |  |                   |                 |                  |                      |            |                  |          |  |  |
|    |  |  |                   |                 |                  |                      |            |                  |          |  |  |
|    |  |  |                   |                 |                  |                      |            |                  |          |  |  |
|    |  |  |                   |                 |                  |                      |            |                  |          |  |  |
|    |  | 1  | •                 |                 | -                |                      |            |                  |          |  |  |
|    | (copies of the   | degree certificates/transcr                                | ipts containing   | z detai         | ls reqi          | iested un            | der 6 sho  | ould be at       | tached)  |  |  |
| 16 | Postgraduate Q   | vualifications   |                   |                 |                  |                      |            |                  |          |  |  |
|    | Degree Title University/Institute  |  | Course            |                 |                  | ve Date              | Class or   | Courses/subjects |          |  |  |
|    |  |  | Duration          |                 | of Degree        |                      | Grade      | fol              | followed |  |  |
|    |  |  |                   |                 |                  |                      |            |                  |          |  |  |
|    |  |  |                   |                 |                  |                      |            |                  |          |  |  |
|    |  |  |                   |                 |                  |                      |            |                  |          |  |  |
|    | (copies of the   | degree certificates/transcr                                | ripts containin   | g detai         | ils req          | uested ui            | ıder 7 sho | uld be at        | tached)  |  |  |
| 8  | Highast Exami  | notion possed in Cinholo /                                 | Famil with an     | ada (in         | adiaat           | a whatha             | n Dagnaa/  |                  | (ata)    |  |  |
| 0  | Highest Examination passed in Sinhala/Tamil with grade (indicate whether Degree/A.L/O.L/etc) |  |                   |                 |                  |                      |            |                  |          |  |  |
|    |  |  |                   |                 |                  |                      |            |                  |          |  |  |
|    |  |  |                   |                 |                  |                      |            |                  |          |  |  |
|    |  |  |                   |                 |                  |                      |            |                  |          |  |  |
| 12 | Past experience  |  |                   |                 |                  |                      |            |                  |          |  |  |
|    | Designation Name of the Emp  |  | oloyer            | חח              | From<br>DD MM YY |                      |            |                  | *        |  |  |
|    |  |  |                   | DD              | MM               | ΥΥ                   | DI         | D MM             | YY       |  |  |
|    |  |  |                   |                 |                  |                      |            |                  |          |  |  |
|    |  |  |                   |                 |                  |                      |            |                  |          |  |  |
|    |  |  |                   |                 |                  |                      |            |                  |          |  |  |
|    |  |  |                   |                 |                  |                      |            |                  |          |  |  |
|    |  |  |                   |                 |                  |                      |            |                  |          |  |  |
|    |  | (copies of the experience certificates should be attached) |                   |                 |                  |                      |            |                  |          |  |  |
| 10 | Dura ( 1   | 4  |                   |                 |                  |                      |            |                  |          |  |  |
| 13 | Present employ<br>Designation  | Date of  | Confirmed or not  |                 |                  | Salary Scale & Step  |            |                  |          |  |  |
|    | e e  |  | Appointment       | Commined of not |                  | Salary Scale & Step  |            |                  |          |  |  |
|    |  |  |                   |                 |                  |                      |            |                  |          |  |  |
|    |  |  |                   |                 |                  |                      |            |                  |          |  |  |
|    | (Copy of the appointment letter should be attached)  |  |                   |                 |                  |                      |            |                  |          |  |  |
| 14 | Particulars of bond obligations to Higher Educational Institutions/Institutes                |  |                   |                 |                  |                      |            |                  |          |  |  |
|    | Name of the  |  | Obligatory period |                 |                  | Amount due in Rupees |            |                  |          |  |  |
|    |  |  |                   |                 |                  |                      |            |                  |          |  |  |
|    |  |  |                   |                 |                  |                      |            |                  |          |  |  |
|    |  |  |                   |                 |                  |                      |            |                  |          |  |  |
|    |  |  |                   |                 |                  |                      |            |                  |          |  |  |
|    |  |  |                   |                 |                  |                      |            |                  |          |  |  |

| 16 | Extra curricular activities   |   |
|----|---|---|
|    |   |   |
|    |   |   |
| 18 | accurate. I am aware that if any  | ulars submitted by me in the application and its annexure are true and<br>y of these particulars are found to be false or inaccurate, I am liable to<br>n and to be dismissed without any compensation if the inaccuracy is |
|    | Date  | Signature of the Applicant  |
| 19 | Recommendation by the Head<br>If the applicant is selected for t<br>division. |   |
|    | Date  | Signature of the Head of the Institute.   |
|    |   |   |