

UNIVERSITY OF VAVUNIYA, SRI LANKA FORM OF APPLICATION

POST APPLYING FOR:						
DEPARTMENT:						
1.	Name in Full:					
	(See note below)					
2.	Whether					
	Rev./Prof./Dr./Mr./Mrs./M	liss:				
3.	(a) Postal Address: (Any changes should be communicated in the co	mmediately)				
	(c) Mobile No. :					
	(d) Fax No.					
	(e) E-mail address :					
4.	(I) Date of Birth & Age: (ii) Identity Card No:					
5.	Civil Status :					
6.	State whether citizen of Sri	Lanka by				
Descent or Registration. If by						
registration, give Registration No:						
7.	EducationSchool	l attached				
	1.					
	2.					
	3.					
	4.					
8.	University Education (Degree, Diploma etc. and the Name of the University)	From	То	Course followed (Subject/s) & Registration No.	Results (Give class or grade and effective date)	

Note : If you were registered as a student in University under any other name please indicate such name within brackets.

9. Special Qualifications (Professional etc.)	
10. Postgraduate Qualifications (Specify the effective date, field of study and duration of the study)	
11. Any other Academic Distinctions, Scholarships, Medals, Prizes etc. (Indicate the Institution from which such awards have been obtained)	
12. Research & Publications, if any: (If space is insufficient, please use separate sheet of same size) The name of Journal in which the Publications has been made and the date of the Jourshould be mentioned.	

13. Higher Examination passed in								
Tamil/ Sinhala								
14. Present Occupation								
i. Designation:								
ii. Date of Appointment:								
iii. Dept. /Institution and its address:								
iv. Nature of Appointment: Permanent/Contract/Temporary/Casual								
v. Salary scale:								
a. Basic salary:								
b. Allowance:								
b. Previous appointment	ts, if any with	dates.						
D	D .	0.1. 0.1	Date					
Department/Institution	Post	Salary Scale	From	To				
c. If you are retired from Service, give date of								
the last salary drawn a								
pension.								
d. If your services in a G	overnment							
Department or a Corpo	oration were							
terminated, give reason	ns.							
45.50	•.•							
15. Extra Curricular activ	71ties							

16. Any further relevant particulars. (Not included above)					
17. Name of Two persons (with address	s to whom reference can be made)				
Name	Address				
1					
2					
I hereby certify that the particulars submitted by me in this application are true and accurate. I am aware if any of the 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				
18. If the applicant is an employee in a Board this section should be filled be Institution.	-				
The applicant will/will not be released	d, if selected for appointment				
	II and at Institution				
Name :	Head of Institution				
Designation :					
Date :					