UNIVERSITY OF RUHUNA FORM OF APPLICATION

Post:	Department:						
Full name of the applicant:							
Name with initials:							
Identify card number:							
2. i. Gender	ii. Civil Status Married						
Reverend							
Male	Unmarried						
Female							
B. Present Postal Address:	Permanent Address:						
E mail:							
Γ'phone No. (important: Pl. mention y	your current operative number/s):						
phone 110. (mportants 11. mention	your current operative number/s.j.						
I. Date of Birth	Age as at closing Date						
Year Month Date	Year Month Date						
5. Citizenship							
By descent	By Registration						
5. Education Schools attended							
Name of the Sc	hool From To						

7. University Education

Name of the University	From	Degree Course followed with Subjects	Effective date of the degree
Postgraduate Degrees/Diploma			

(please attach copies of degree certificates obtained.)

8. (i) Professional/Special Qualifications and Experience

(ii) Research & Publications

9. Employment record

Post held	Institute	From	То	Number of month	Last drawn salary

10. Present Occupation

Occupation	Institute	From	То	Number of month	Salary drawn

1118	itute	Dip	Diploma etc.						Year			
12. I	Professional Q	ualificati	ons									
Inst	itute			From	From		То		Examinations passed or Degrees et			
								obtained				
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		good					good					
	Sinhala											
	Tamil											
	English											
4. I	Referees											
Na	me		Design	nation			Ad	ldress				
1.												
2.												
	One of the ref									-		
	study in which in which the c			d his/he	r Uni	versity e	duca	ition (or the Head	d of the I	nstitution	
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For Public Service/Corporations/Statutory Boards Candidates only
Application for the Post of
is forwarded herewith. If He/She is selected for the said post He/She can/cannot be released.
Signature of the Head of the Institution
Name
Designation
Date
Seal
(N.B. When applying for several posts, each post should be applied for separately)