UNIVERSITY OF RUHUNA FORM OF APPLICATION

		Department:	
Full name	of the applicant:		
Name with	initials:		
Identify ca	ard number:		
2. i. Gender		ii. Civil Status	
Reverend		Married	
Male		Unmarried	
Female			
3. Present Postal A	Address:	Permanent Address:	
Г'phone No. (impo	rtant: Pl. mention your c	urrent operative number/s.):	
1 Data of Pirth		Age as at closing Date	
4. Date of Birth		Age as at closing Date	
4. Date of Birth		Age as at closing Date Year Month Date	
4. Date of Birth			
4. Date of Birth 5. Citizenship			
5. Citizenship	ols attended	Year Month Date	

7. University Education

From	То	Degree Course followed with Subjects	Effective date of the degree
	From		From To followed with Class or Grade

(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

Occupation	Institute	From	То	Number of month	Salary drawn

11. Other diplomas, Memberships, Fellowships etc.

Institute	Diploma etc.	Year

12. Professional Qualifications

Institute	From	То	Examinations passed or Degrees etc. obtained

13.

Proficiency in Sinhala/Tamil/English								
Language	Ability to Work		No	Ability to Teach			No	
	Very	Good	Fair	knowledge	Very	Good	Fair	knowledge
	good				good			
Sinhala								
Tamil								
English								

14. Referees

Name Designation Address

1.

2.

One of the referees should be either the Professor or a Senior Lecturer of the Department of study in which the applicant had his/her University education or the Head of the Institution in which the candidate works.

15. I hereby certify that the particulars submitted by me in this application are true and accurate. I am aware that if any of particulars are found to be false or inaccurate. I am liable

to disqualified before s inaccuracy is detected af	election and to be dismissed without any compensation, if the ter appointment.
Date	Signature of Applicant
For Public Service/Corpora	tions/Statutory Boards Candidates only
	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 seve	eral posts, each post should be applied for separately)