**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

Reverend 

Married

Male

Unmarried 

Female



3. Present Postal Address: Permanent Address:

E mail:

T'phone No. (**important:** Pl. mention your current operative number/s.):



4. Date of Birth Age as at closing Date

| Year | Month | Date |
| --- | --- | --- |
|  |  |  |

| Year | Month |  | Date |
| --- | --- | --- | --- |
|  |  |  |  |



5. Citizenship



By descent By Registration



6. Education Schools attended

| Name of the School | From | To |
| --- | --- | --- |
|  |  |  |

7. University Education

| Name of the University | From | To | Degree Course followed with Subjects | Class or Grade | Effective date of the degree |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
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|
| Postgraduate Degrees/Diploma |  |  |  |  |  |
|
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(please attach copies of degree certificates obtained.)

8. (i) Professional/Special Qualifications and Experience

(ii) Research & Publications

9. Employment record

| Post held | Institute | From | To | Number of month | Last drawn salary |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|
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10. Present Occupation

| Occupation | Institute | From | To | Number of month | Salary drawn |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|
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|

11. Other diplomas, Memberships, Fellowships etc.

| Institute | Diploma etc. | Year |
| --- | --- | --- |
|  |  |  |



12. Professional Qualifications

| Institute | From | To | Examinations passed or Degrees etc. obtained |
| --- | --- | --- | --- |
|  |  |  |  |



13.

| Proficiency in Sinhala/Tamil/English | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Language | Ability to Work | | | No knowledge | Ability to Teach | | | No knowledge |
| Very good | Good | Fair | Very good | Good | Fair |
| 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 selection and to be dismissed without any compensation, if the inaccuracy is detected after appointment.

......................... ......................................

Date Signature of Applicant

**For Public Service/Corporations/Statutory Boards Candidates only**

Application for the Post of ......................................................................................

submitted by ...........................................................................................................

is forwarded herewith. If He/She is selected for the said post He/She can/cannot be released.

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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)