## OCEAN NIVERSITY OF SRI LANKA.

## APPLICATION FOR THE POST OF DIRECTOR (FINANCE)

1. Personal Information
1.1 Full Name
1.2 Name with Initial/s
1.3 a) Address
i. Permanent
ii. Private
b. Telephone Number (i) Land
c. Fax Number (if, any)
d. Email Address (if, any)
1.4 Date of birth
1.6 Sex 1.7 Civil Status
1.8 National Identity card No

## 2. Educational Record

Educational Qualification (University Education – Degrees, Diploma, Etc) , Professional Qualification (Computer, Finance.....etc) (Attach copies of relevant documents)

Course Detail (Name of Institute, Name of Course)	From	То	Course followed (with subjects)	Date of final Examination (Give class or grade)
	1	1	1	1

3. Working Experience	
3.1.	
a) Present occupation:	
i) Designation:	
ii) Date of appointment:	
iii) Department / Institution an	d its address:
iv) Nature of Appointment: Pe	ermanent / Contract / Temporary / Casual /
v) Salary scale: vi)	
Present salary:	a) Basic:
	b) Allowance:

b) All previous appointment including those under training, if any, with dates:

Institution/Department	Post	From	То	Salary Scale	Job Description/ Designation

3.2. Where a period of experience is a requirement for the post applied, state period of such experience? (Attach copies of experience letters)
i)
ii)
iii)
iv)
v)
3.3 If your service in a government Department or a Corporation were terminated, give reasons.

Extra Curricular Activities		
Oth	er relevant Particulars	
Nar	ne and address of two referees	
1.	Name:	
	TP No:	
2.	Name:	

I do hereby certify that all particulars stated by me in this application aware that if any of the particulars are found to be false or inaccurate application will be rejected from and that if particulars are found to be my selection. I will be dismissed from service without compensation.	e prior to my selection my
Date:	
Signature	of applicant
If the applicant is an employee in a Government / Corporation / Statua should be filled by such Head of the Department / Institution.  The applicant will / will not be released, if selected for appointment.	
Head of Ins	stitution
Name :	

TP No: .....