



SABARAGAMUWA UNIVERSITY OF SRI LANKA
 PO Box 02, Belihuloya 70140, Sri Lanka.
 Tel - 045-2280087, 045-2280015 (Fax)
 APPLICATION FOR ADMINISTRATIVE POST

Post applied for:

01. Name with initials (Rev./Dr./Mr./Mrs./Miss).....

02. Name denoted by the initials:

03. Permanent Address:

 04. Address for Correspondence:

05. NIC Number: 06. Nationality:

07. State whether citizen of Sri Lanka by descent: Yes/ No
 If by Registration, give Reg. No.

08. Gender:..... 09. Civil Status:.....

10. Date of Birth:..... 11. Age:

12. Contact Telephone No:
 Office:..... Home:.....
 Mobile:..... Fax:..... E-mail:.....

13. University Education (give all details in respect of the first degree, diploma postgraduate degree etc. Please annex copies of the certificates):

University	Study period (from -to)	Title of the Degree/Diploma	Principal subject	Class Obtained	Year

14. Details of Professional Qualifications (please annex copies of certificates):

Name & address of the Professional body	Field of the professional study /training	Title of the Professional qualification	Study period (from –to)	Year of award

15. Details of employment: Start from the current or most recent one (Please annex` the copies of certificates).

Period	Organization	Position	Nature of duties	Reason for leaving

16. Details of academic distinctions such as Scholarships Prizes, Gold Medals etc, received during the career /professional training:

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17. Details of research and publications (If the space provided is insufficient attach a separate sheet):

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18. Language skills (indicate the level of your proficiency in the appropriate cage using one of the following letters A, B, C and D as per given below):

Languages	Reading	Writing	Conversation
Sinhala			
Tamil			
English			
Others (Specify)			

A- Fully competent

B - Moderately competent

C- Can Manage with difficulty

D- Not competent

19. Secondary Educations:

Period	School	Examinations passed

20. Extra- Curricular activities: Give details

School Level

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University Level

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National Level

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21. Any other information that you consider as supportive of your application:

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22. Names positions and Addresses of two non – related referees:

I	II

23. Declaration by the applicant:

I certify that the information furnished in this application is true and correct to the best of my knowledge. I am aware that if any information contained in this application is found to be incorrect after my being selected, my appointment is liable to be cancelled without any compensation.

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Date	Signature

24. Observations of the present employer:

(Those in employment should forward their application through their present employer)

I recommend/ not recommend this application. The applicant will be released from his present employment, if he/ she is selected for this appointment *(Delete the inapplicable words)*

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Date	Signature of the Head of the Institution