**UNIVERSITY OF COLOMBO**

**SRI LANKA**

**APPLICATION FORM**

(Please type or write legibly)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| POST ………………………………………………..  **DEPARTMENT** ……………………………………………… | | | | | | | | |
| 1. | Name in Full: Underline Surname  (see note (I) below) |  | | | | | | |
| 2. | Whether Dr./Mr./Mrs./Miss |  | | | | | | |
| 3. | Postal Address:  (any change should be communicated  immediately) |  | | | | | | |
| 4. | Telephone numbers & e mail address | Telephone No:  E mail address: | | | | | | |
| 5. | Date of Birth & Age: |  | | | 1. Civil Status | | | |
| 7. | Whether Citizen of Sri Lanka:  (state whether by descent or by registration;  if by registration, give reference number  & date of certificate of citizenship) |  | | | | NIC No: | | |
| 8. | Education – Schools attended  1.  2.  3.  4. | From | | | | To | | |
| 9. | University Education:  (Degrees, Diplomas etc.)  University  (see note (II) below) | From | To | Course followed  (with subjects) | | | Results  Give Class or Grade) |
|  |  |  |  |  | | |  |

Note (I) if you were registered as a student in a University under any other name, please indicate such name within brackets; (II) State Index Number if known and Campus

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 10.(a) | Special Qualifications:  Professional etc.) | Class | Distinctions | Medals  & Prizes | Other Remarks |
| 2nd M. B. B. S | |  |  |  |  |
| 3rd M. B. B. S | |  |  |  |  |
| Final M. B. B. S | |  |  |  |  |
| 10.(b) | For applicants who have followed MBBS (Colombo) after 1995 (III) | | | | |
|  |  | Class | Distinctions | Medals  & Prizes | Other Remarks |
| Introductory Basic Sciences Stream | |  |  |  |  |
| Applied Sciences Stream | |  |  |  |  |
| Behavioural Sciences Stream | |  |  |  |  |
| Community Stream | |  |  |  |  |
| End of Course Examination of  Clinical Sciences Stream | |  |  |  |  |
| Clinical Sciences Stream | |  |  |  |  |
| Cumulative MBBS Result | |  |  |  |  |
| 11. | Postgraduate qualifications & dates of obtaining same | |  | | | |
| 12. | Any other academic distinctions, Scholarships, Medals, Prizes, etc.  (include the institution from which such awards have been obtained) | |  | | | |

(III) Candidates from Faculties of Medicine, having different curricula may indicate the relevant information in a separate sheet

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 13. | Research & Publications, if any:  (if space is insufficient, please use separate sheet) |  | | | |
| 14. | Highest Examination passed in: | Sinhala | | | |
| Tamil | | | |
| English | | | |
| 15. | English Language skills: |  | | | |
| 16. | Computing & Information Technology  a. Qualifications:  b. IT skills: |  | | | |
| 17. | Leadership /management experience: |  | | | |
| 18 | Extra Curricular activities |  | | | |
| 19 | Special skills: |  | | | |
| 20. | Creativity (including patents): |  | | | |
|  | You may use additional paper to provide information under any section | | | | |
| 21 (a) | Present occupation place, date of appointment and basic salary drawn: |  | | | |
| (b) | Previous appointments, if any,  with dates: |  | | | |
| Department/Institution | | Post From To | | | |
| 22. | Any further relevant particulars:  (not included above) | | | |
| 23. | In the event of being selected please  indicate the latest date on which you  would be able to assume duties: | | | |
| 24. | Names of two persons (with addresses) to whom reference can be made:  Email & telephone Nos. | | Name  -----------------------------  ----------------------------- | Address  -----------------------------  -----------------------------  -----------------------------  ------------------------------------------------------------------------------------------ |
| 25. | I hereby certify that the particulars submitted by me in this application are true and accurate. I am aware that if any of these particulars are found to be false or inaccurate, I am liable to be disqualified before selection and to be dismissed without any compensation if the inaccuracy is detected after appointment. | | | |
| Date: | ……………………………………..  …………………………………….. Signature of Applicant | | | |

**Recommendation of the Head of the Institution**

(If employed at Higher Educational Institutions, Government Departments and Government Corporations)

I recommended and forwarded herewith the application of ………………………………..for the above post and agree/ do not agree to release him/her in case selected to the post applied for.

Date: ..................................... ................................................................

Head of the Institution