#### GENERAL SIR JOHN KOTELAWALA DEFENCE UNIVERSITY APPLICATION FOR THE POST OF TEMPORARY ACADEMIC SUPPORT STAFF

For Office Use only	
NIC No	
Applied Post (Please put " $$ " mark on relevant box)	Temporary Demonstrator
Faculty	
Department	
Preferred Field of Teaching (Specialized area)	
Other fields interested to teach	

01.	Full Name (In block letters)	
	Name with initials	Dr/Mr/Ms
02.	a. Permanent Address	
	b. Tel No	Residence
		Mobile
	c. E-Mail	
	d. Fax	
	e. Skype ID	

03. Date of Birth	Year	Month	Date

04. Age (as at closing date)

Years	Months	Days

05.	Civil Status	Married	Single

06.	Gender	Male	Female

07. Sri Lankan Citizenship

By Descent	By Registration

08. School/s Attended

09. Highest Examination Passed in

Sinhala	
Tamil	
English	

# 10. University Education (Basic Degree)

Basic Degree	Effective Date	Awarded Institute	Medium	Special or General Degree	Subjects Followed	Class (Pl. indicate clearly)	Annexure No. (Copy of the Certificate )

## 11. Postgraduate Qualifications

(if space is insufficient please use a separate sheet)

Degree/Diploma Course	Effective		Full time		Duration				Credits		Annexure No. (Copy
(by research or by Examination)	Date	Institute Awarded	or part time	From	То	Yrs	Mts	Course work	Research / Thesis	Total	of the Certificate )

#### 12. Professional Qualifications

(PGIM Board certification, Chartered Qualifications, Attorney at Law, etc.)

(if space is insufficient please use a separate sheet)

	Educational and professional qualifications								
Sr. No.	Qualification	Effective	Institute Awarded	Duration				Annexure No.	
140.	Qualification	Date	Date	From	То	Yrs	Mts	(Copy of the Certificate )	

## 13. a. Present Occupation: (if space is insufficient, please use a separate sheet)

		Salary drawn per month	Period of service				Annexure
Designation/Post	Nature of work assigned		From	То	Yrs	Mts	No. (Copy of the Service Letter)
	Designation/Post	Designation/Post Nature of work assigned	Degraphing / Poet	Designation/Post Nature of work Salary drawn			

## b. Previous Occupations: (if space is insufficient, please use a separate sheet)

Sr. No.		Designation/Post	Period of Service			Annexure No. (Copy of Service Letter )	
	Designation/10st	From	То	Yrs	Mts	Letter )	

## 14. Details of Awards/Scholarships etc.

University/ Institution	Scholarships/ Awards/ Prizes/ Academic Distinctions	Year	Annexure No. (Copy of the Certificate )

16. Extra-Curricular Activities (if space is insufficient, please use a separate sheet)

17. Any other relevant facts

18. Have you entered in to a Bond/Agreement with any of your previous employer/s for Training/Study Programme:

i.	Institute/s	:
ii.	Nature of Training/ Study Programme	:
iii.	Obligatory Period	:
iv.	Date of Commenceme of obligatory period	ent:
v.	Date of Expiry of obligatory period	:
vi.	Monetary Value of the Bond	:

## 19. Names, occupations and addresses of two non related referees

Name	Address	Occupation	Contact No

### 20. Certification by Applicant

I hereby certify that the particulars submitted by me in this application form 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.

Further, I have enclosed copies of the following documents. (Please insert "  $\sqrt{$  " mark)

Desc	ription of Document	Attached	Annexure No	
1. Birth Certificate				
2. NIC/Passport				
3. Bas	sic Degree Qualifications			
a.	Basic Degree Certificate			
b.	Transcript/ Detailed results sheet			
4. Postgraduate Qualifications				
a.	Postgraduate Degree certificate			
b.	Transcript/ Detailed results sheet			
5. Authentication letter from UGC(for foreign Degrees)				
6. Professional Qualifications				
a.	Certificates/ Letters			
b.	Special Training			
7. Service Certificates				

Date :....

Signature of Applicant

## 21. To be completed by the present employer (If any)

Applicant can/ cannot be released, if selected for the post applied at General Sir John Kotelawala Defence University.

Any Special Comments : .....

Signature	
Name	:
Designation	:
Date	:

### For Office Use Only

Date Received		
Eligibility	Yes	No
Category		
If No, Reasons		
Registrar/Deputy Registrar (Establishment)		
Comments of Head/Dean		