## 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    | Mont  | h               | Date   |  |
|-----|-------------------------------|---------|-------|-----------------|--------|--|
|     |                               |         |       |                 |        |  |
| 0.4 |                               |         |       |                 |        |  |
| 04. | Age (as at closing date)      | Years   | Montl | hs              | Days   |  |
|     |                               |         |       |                 |        |  |
|     |                               |         |       |                 |        |  |
| 05. | Civil Status                  | Marri   | ed    |                 | Single |  |
|     |                               |         |       |                 |        |  |
|     |                               |         |       |                 |        |  |
| 06. | Gender                        | Male    |       |                 | Female |  |
|     |                               |         |       |                 |        |  |
| 07  |                               |         |       |                 |        |  |
| 07. | Sri Lankan Citizenship        | By Desc | ent   | By Registration |        |  |
|     |                               |         |       |                 |        |  |
| 08. | School/s Attended             |         |       |                 |        |  |
|     |                               |         |       |                 |        |  |
|     |                               |         |       |                 |        |  |
|     |                               |         |       |                 |        |  |
| 00  |                               | Sinhala |       |                 |        |  |
| 09. | Highest Examination Passed in |         |       |                 |        |  |
|     |                               | Tamil   |       |                 |        |  |
|     |                               | English |       |                 |        |  |

10. University Education (Basic Degree)

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

## 11. Postgraduate Qualifications

(if space is insufficient please use a separate sheet)

| Degree/Diploma Course              | Effective |                   | Full time       |      | Duration |     |     |                | Credits              |       | Annexure<br>No. (Copy |
|------------------------------------|-----------|-------------------|-----------------|------|----------|-----|-----|----------------|----------------------|-------|-----------------------|
| (by research or by<br>Examination) | Date      | Institute Awarded | or part<br>time | From | То       | Yrs | Mts | Course<br>work | Research<br>/ 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 Award |   |      | Institute Awarded      |  | Duration | n   |     | Annexure No.                 |
| 110.  | Qualification                               | Date | Date Institute Awarded |  | То       | Yrs | Mts | (Copy of the<br>Certificate) |
|   |   |      |                        |  |          |     |     |                              |
|   |   |      |                        |  |          |     |     |                              |
|   |   |      |                        |  |          |     |     |                              |
|   |   |      |                        |  |          |     |     |                              |
|   |   |      |                        |  |          |     |     |                              |

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

|               |                  | Nature of work        |                           |      | Period of service |     |     |  | Annexure |
|---------------|------------------|-----------------------|---------------------------|------|-------------------|-----|-----|--|----------|
| Place of Work | Designation/Post | gnation/Post assigned | Salary drawn<br>per month | From | То                | Yrs | Mts | No. (Copy of<br>the Service<br>Letter) |          |
|               |                  |                       |                           |      |                   |     |     |  |          |
|               |                  |                       |                           |      |                   |     |     |  |          |
|               |                  |                       |                           |      |                   |     |     |  |          |
|               |                  |                       |                           |      |                   |     |     |  |          |
|               |                  |                       |                           |      |                   |     |     |  |          |

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

| Sr.<br>No. | Place of Work | Designation/Post | Period of Service |    |     |     | Annexure No. Copy of Service Letter) |
|------------|---------------|------------------|-------------------|----|-----|-----|--------------------------------------|
| 140.       | race of work  | Designation/10st | From              | То | Yrs | Mts | Letter)                              |
|            |               |                  |                   |    |     |     |                                      |
|            |               |                  |                   |    |     |     |                                      |
|            |               |                  |                   |    |     |     |                                      |
|            |               |                  |                   |    |     |     |                                      |
|            |               |                  |                   |    |     |     |                                      |
|            |               |                  |                   |    |     |     |                                      |
|            |               |                  |                   |    |     |     |                                      |

14. Details of Awards/Scholarships etc.

| University/ Institution | Scholarships/ Awards/ Prizes/ Academic<br>Distinctions | Year | Annexure No. (Copy of the Certificate) |
|-------------------------|--|------|--|
|                         |  |      |  |
|                         |  |      |  |
|                         |  |      |  |
|                         |  |      |  |
|                         |  |      |  |

|      | ace is insufficient, please use a separate sheet)                                   |
|------|---|
| (- 1 |   |
|      | Extra-Curricular Activities (if space is insufficient, please use a separate sheet) |
|      |   |
| 17.  | Any other relevant facts  |
|      |   |

|       |                                     | d in to a Bond/Agred<br>aining/Study Programmo |                     | your previous |
|-------|-------------------------------------|--|---------------------|---------------|
| i.    | Institute/s                         | :  |                     |               |
|       |                                     |  |                     |               |
| ii.   | Nature of Traini<br>Study Programr  | ng/ :  |                     |               |
|       | Study Flogramii                     |  |                     |               |
|       |                                     |  |                     |               |
| iii.  | Obligatory Perio                    | od :   |                     |               |
| iv.   | Date of Comme                       | ncement:                                       |                     |               |
|       | of obligatory pe                    | riod   |                     |               |
| v.    | Date of Expiry of obligatory perior |  |                     |               |
| vi.   | Monetary Value<br>the Bond          | of :   |                     |               |
| 19. N | James, occupatior                   | ns and addresses of two n                      | on 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<br>No |  |
|-------------------------|---|----------|----------------|--|
| 1. Bir                  | th Certificate                                    |          |                |  |
| 2. NI                   | C/Passport  |          |                |  |
| 3. Ba                   | sic Degree Qualifications                         |          |                |  |
| a.                      | Basic Degree Certificate                          |          |                |  |
| b.                      | Transcript/ Detailed results sheet                |          |                |  |
| 4. Po                   | stgraduate Qualifications                         |          |                |  |
| a.                      | Postgraduate Degree certificate                   |          |                |  |
| b.                      | Transcript/ Detailed results sheet                |          |                |  |
| 5. Au                   | thentication letter from UGC(for foreign Degrees) |          |                |  |
| 6. Pro                  | ofessional Qualifications                         |          |                |  |
| a.                      | Certificates/ Letters                             |          |                |  |
| b.                      | Special Training                                  |          |                |  |
| 7. Service Certificates |   |          |                |  |
|                         |   |          |                |  |
| Date                    | ······  |          |                |  |

| 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<br>Registrar<br>(Establishment)   |  |     |  |    |
| Comments of Head/Dean  |  |     |  |    |