For Office Use	

		P	OST (OF TEN	MPORA	RY S	UB '	WA	RDI	EN					
						NIC No.									
Name (In	bloo	ck letters)													
	a.	Full name	;												
	b.	Name wit	h initials		c .										•
	υ.														
_															
2.	a.	Permanent Address:													
															•••
		Tel: Res. I													
	C.	E-mail:					F	ax :							
	d.	Skype ID:													
3.	Da	te of Birth:	•			7	4. A	ae.			.		.,	.,	
0.	24		Year	Month	Date				osing	g date))	ears	Mon	ths	Days
5.	C:	vil Status:	Marri	ed	Single		6.	Sex	. [Male	:	Fema	ale		
J.	Ci	vii Status.					0.	Sex	. [
7.	Sr	i Lankan C	itizensh	ip: Bv De	escent	7	By R	eaist	ratio	n	1				
				. ,			,	J							
8.	Sc	chools Atte	nded:												
J.	50														

						S	inhala							
						Т	amil							
						E	nglish							
10.	Educational C	Qualifications	:											
a) GCE (O/L) Examination					(b) GCE (A/L) Examination									
Name of the School:					. Name of the School :									
Index No: Year :					. Index No: Year :									
	Subject		Grade			Sub	ject		Grade					
(Attach Co	opies of Certificat	tes)												
11. Vocatio	onal Level Qua	alifications Dip	oloma & Ce	ertific	ates:									
					Per	riod	Subjects							
Universi	ty/Institution	Diploma/Cer	tificate Cour	se followed a			followed and the effective	R	esults					
					From	То	date							
(1)														
(Attach Cop	ies of Certificates	5)												
12. Other	Qualifications	, if any												

Highest Examination passed in the following Languages:

9.

	Place of work	Designation & nature	of work	S	Salary draw		Period of stay			
	Tidoo of Work	assigned			per month		From	То		
		1	l.							
h	Previous Occup	ation/s: (if space is in:	sufficient	nleas	:e IIse a si	enarate	sheet)			
٥.	T TOVIOUS COOUP			piode	ı		1			
	Place of work	Designation & nature of work	Salary d				Reason fo	or Leaving		
	riado or morn	assigned	per mo	nth	From	То	1100001111	or Louving		
		J								
	Attach Copies of Certi	l ificates)								
	·	,								
14.	Extra Curricular	Activities:								
15.	Names, occupat	tions and addresses o	of two nor	relate	ed referee	s:				
i		Γ					T	_		
	Name	Address		Oco	cupation		Contact N	lo		

Present Occupations: (if space is insufficient, please use a separate sheet)

13.

a.

16. 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 following documents. (Please put " $\sqrt{}$ " mark)

A. Educational Q	A. Educational Qualifications B. Other Certificates					
1. O/L		1				
2. A/L		2				
3. Diplom	na	3				
C. Service Certifi	icates	D. Birth	Certificate			
Date :			Signature of Applicant			
17. To be comple	eted by the present employ	er (If any)				
Applicant can/ canr Any Special Comme	not be released, if selected fents:	for appointm	nent.			
Name :			Signature			
Designation:						
Date :						
For Office Use						
Date Received						
Eligibility	Yes		No			
If No, Reasons						
Registrar/Senior Assistant Registrar (Establishment)						
Comments of Head/Dean						