LINIVERSITY OF COLOMBO INSTITUTE FOR AGRO-TECHNOLOGY AND RURAL

SCIENCES	CITIVERSITT OF COLONDO INSTITUTE FOR AGRO-TECHNOLOGI AND RURAL	
	SCIENCES	

Application for the post of: Management Assistant (On Assignment Basis)

01. Name with Initials (Wheth (a) Name denoted by initial			
02. Address:			
Telephone No.: Residence Email:			
3. National Identity Card No.	:		
04. Date of Birth:	Age as at clo	sing date of applic	cation:
	Years	Months	Dates
Subjects I	Passed	Grade	
Subjects I	Passed	Grade	

Subjects Passed			Grade		
III) Higher	Education: (attac	ch certified copi	es)		
Jniversity/Inst tution	Degree	From - To (with dates)	Class Obtained	Number of Credits	Effective Date of the Degrees
	onal and other Qu ied copies of rele	`		lates of obtai	ining such qualifica
	_	`		lates of obtain	ining such qualifica
attach certif	_	vant certificates		lates of obtain	ining such qualifica
ottach certif	ied copies of rele	vant certificates	s)		
08. Present (a) (1) Po	ied copies of rele	vant certificates	s)		
08. Present (a) (1) Po	Occupation (If apost:	oplicable)	s)		
08. Present (a) (1) Po (2) E (3) V	Occupation (If apost:	oplicable) int:	t:		
08. Present (a) (1) Po (2) E (3) V (04) H	Occupation (If apost:	oplicable) ent: d in present pos	t:		

(II) G.C.E. (A/L) Examination : Year Index No

please attach a separate sheet) **Salary Scale** From - To **Department / Institute Post** 09. Details of ongoing educational activities: 10. Names of two non-related persons (with addresses) to whom reference can be made: Name Address Tel. No:.... E-mail.... Tel. No:.... E-mail..... 11.I certify that all particulars stated by me in this application are true and accurate. I am aware that if any particulars are found to be false or inaccurate prior to my selection, my application will be rejected, and that if particulars are found to be false or inaccurate after my selection, I will be dismissed from service without compensation. Date :.... **Signature of Applicant** 12. If you are currently employed, this application should be submitted through the Head of the Institution. Recommendation of the Head of the Department / Division: If this applicant is selected for this post, he/she can be released from the service of this institute. Date :.....

Head of the Department / Division

(b) Previous appointments including those under training, if any with dates: (If space is not sufficient