POSTGRADUATE INSTITUTE OF MANAGEMENT University of Sri Jayewardenepura

Application Form - Academic Posts

for office use only	

I	Post applied																
II	Subject areas the ap of study/subjects inc	plicant i licated in	s con	npeter adver	nt in t	eachir ent/ th	ng a ie qi	nd c	other a	acad ns p	emic osses	worl sed t	as p y the	er th	ie de lican	partn it	nent
	1.					3.											
	2.					4.											
					<u></u> i.												
1.1	Surname with initials (in block capitals)																
1.2	Name in full (in block capitals)																
	(Rev./Dr./Mr./Ms.)																
		I	((copy o	f the b	oirth ce	ertifi	icate	shou	ld be	attac	hed)					
1.3	Civil Status																
1.4	Gender																
1.5	NIC/Passport No.																
1.6	Date of Issue of NIC/Passport																
2.1	Postal Address																
2.2	Telephone (Residence)					2.3		Mo	bile								
2.4	Email Address																
2.1	Data of Dirth	Year			Ī	M	onth					Da	.to				
3.1	Date of Birth	1 eai				IVIC	onth	L				Da	iie				
3.2	Age as at the closing date of application	Years				Mo	onth	S				Da	ıys				
3.3	Whether citizen of Sri Lanka by descend or registration					3.5	re th	ferei e dat	egistrance nute of contract	mbei ertifi	and						
4	Schools attended																
+	Name of the School From To																
	1.																
	2.																
	3.																
	J.																

5	Educational Qualifications										
	5.1 G.C.E. C	O/L Examination Subject	•	Year							
	1	Grade		Sub	ject		Grade				
	1.		6.								
	2.		7.								
	3.		8.								
	4.			9.							
	5.			10.							
				<u> </u>							
	5.2 G.C.E. A	/L Examination		Year	Sub						
	1	Subject	Grade		Grade						
	1.			4.							
	2.			5.							
	3.			6.							
6	University Edu Degree Title	University/Institute	Course	Effec	tive Date	Class or	Courses	s/subjects			
	Degree Title	Om versity/mstitute	Duratio		Degree	Grade		owed			
	(copies of the degree certificates/transcripts containing details requested under 6 should be attached)										
7	Postgraduate (Qualifications University/Institute	Covers	Lffoo	tivo Doto	Classon	Course	a/a uhi aata			
	Degree Title	Course Duration	:	tive Date Degree	Class or Grade		s/subjects lowed				
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	(copies of the	e degree certificates/transcrip	ts containin _i	g details re	quested u	nder 7 sho	uld be att	tached)			

8	Highest Examination passed in Sinhala/Tamil with grade (indicate whether Degree/A.L/O.L/etc)										
9	Professional Memberships		D 4	1	• 1						
	Membership type	Institut		Date on which membership awarded							
	(Co-operate /Associate etc)					m	embei	rship av	warded		
	(conje	s of the membership certific	atos	should	he attach	od)					
	(соры	s of the membership certific	uics i	snouu	ve anacn	.cu)					
10	Any other Academic Distinct			izes, et	с.						
	Academic Distinctions, Scho	olarships, Medals, Prizes, et	tc.			Institu	ution				
1	D										
11	Research & Publications, if any										
12	Past experience relevant to the					······································					
	Designation Name	e of the Employer		From			To				
			DD	MM	YY		DD	MM	YY		
	(coni	es of the experience certifica	itos s	hould l	no attach	od)					
	(сори	es of the experience certifica	ues S	noum l	e anacm	su)					
	`	<u> </u>									

13	Present employmen		···•						
	Designation	Name of the Employer	Date of Appointment	Sector (Government, Private, etc)	Salary Drawn (State whether basic or consolidated				
		(Copy of the appoin	ntment letter sh	i ould be attached	d)				
14	<u> </u>								
	Name of the I	nstitutions/Institute	Obligator period	у А	amount due in Rupees				
15	Salary point expect establish your clair	ted from the University w	vithin the salar	y scale advertis	sed and reasons to				
	Salary expected]	Reasons					
16	Extra ourrioular act	tivities (Supporting evid	ance must be s	ottochod)					
17	reference can be m	ade	_		on-related persons to whom receiving a request from the				
	1		2						
18	accurate. I am awa	re that if any of these parties of the core selection and to be core.	rticulars are fo	ound to be false	and its annexure are true and or inaccurate, I am liable to ensation if the inaccuracy is				
	Date			Signat	ure of the Applicant				

19	Recommendation Corporations, etc)	by the Head of the Institution (Employee	es of Government Departments, HEIs,
	I recommend the selected for the po		to release the applicant in case he/she is
	Date	Name	Signature of the Head of Institution
			Official Stamp