

University of the Visual and Performing Arts Form of Application

Post and the Subject Applied for -

Department -

01. Name in Full		
02 Whether Mr. /Mrs. /Miss.		
03. Postal Address & Telephone No. (Any changes should be communicated immediately)		Tel No : E-mail address:
04. Date of Birth	Age as at closing date of Application Years Months Days	
05. Civil Status Married <input style="float: right; margin-right: 20px;" type="checkbox"/> Single <input style="float: right; margin-right: 20px;" type="checkbox"/>	06. National Identity Card No.	
07. State whether Citizen of Sri Lanka by Descent or Registration. (If by Registration; Give Registration No.)		

08. University Education			
Name of the Degree and Name of the University.	Whether Special Degree or General Degree?	Extra Subjects	Effective Date and Results (Give class or Grade)
	Subject Specialized		
09. <u>Completed Post Graduate Qualifications</u> (1) Name of the Post Graduate Degree (2) Duration : (3) Weather it is with Research or without Research ? (4) Study Field :			
10. (I) Special Qualifications (Professional etc.)			
10. (II) Experience in the field of Computing/ Networking/ Programming			

<p>11. Present Occupation, Place of Work & Salary Drawn (State whether basic or Consolidated)</p>	
<p>12. Previous Appointment if any with dates</p>	
<p>13. Particulars of Bond Obligations to Higher Educational Institutions/ Government</p> <p>I). Obligation Period with</p> <p>II). Amount Due</p>	
<p>14. Extra-Curricular Activities</p>	
<p>15. Names of Two Non-Related referees with Addresses</p>	

I certify that all particulars given 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

Certificate of the Head of the Department:

Application for the post of submitted by is forwarded herewith. If he/she is selected for the said post he/she can/cannot be released.

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Signature of the Head of Department

Name :

Designation :

Date :

Seal :

Note: Applicants from Public Service / Corporations/ Statutory Boards/ University System should forward their applications through Heads of respective institutions with an endorsement to the effect that he/she would be released if selected.