University of Vocational Technology
University College of Anuradhapura

APPLICATION FORM FOR ACADEMIC POSTS

POST:	
NAME OF THE UNIVERSITY COLLEGE:	
01	Full Name:
02	Name with Initials:
03	Permanent Address:
04	Tel: Mobile:
	Fax: E-mail:
05	National Identity Card No:
06	Date of Birth: Year: Month: Day:
07	Age as at Closing Date of Application: Years: Months: Days:
08	Marital Status:
09	Citizenship:
10	Details of Secondary Education:

(i) G.C.E (O/L)

Name of School/ College	Year	Subjects	Results	Subjects	Results

(ii) G.C.E. (A/L)

Name of School/ College	Year	Subjects	Results	Subjects	Results

11 Higher Educational Qualifications [First Degree and Postgraduate Degree (s)]

University / Institution	Degree	Class	Special/ Hons or General Degree	Core Subject/ Subjects	From-To	Effective Date of Degree

12 Professional Training

Institution	Training Program	Training Outcome	Period

13 Professional Qualifications / Chartered / Licentiate/ Corporate Membership etc.

Institution	Filed/ Specialization	Name of the Institution/ University	Year of Awarded

14 Certificates (if any)

Course/Certificate	Field	Name of the Institution/ University	Year

15	Any other academic distinctions scholarships, medals, prizes: (indicate the Institution from which such awards have been obtained)	…… …… ……

16 Publications:
(Attach the list of research publications)

Subject Relevancy:
(Please Mark '✓' in the relevant cage) Yes ☐ No ☐

Creativity (patents)

17 Current Employment:

Post	Designation	Employer	Brief Description of Duties	From (dd/mm/yyyy)

18 Previous Working Experience in Teaching/ Research/ Professional Work (in reverse order)

Post	Designation	Institution	Brief Description of Duties	Period	
				From (dd/mm /yyyy)	To (dd/mm /yyyy)

19 Proficiency in Languages (Please Mark '✓' in the relevant cage)

	Written				**Spoken**			
Language	**Very Good**	**Good**	**Satisfactory**	**Week**	**Very Good**	**Good**	**Satisfactory**	**Week**
Sinhala								
Tamil								
English								
Other								

20	Skills in Computing & Information Technology			
	Qualification	Institution	year	Skills acquired

21	Leadership/ Management experience:	
22	Extra-Curricular Activities/ Community Services:	
23	Special Skills:	
24	Sports/ Awards/ Accolades:	

25 Are you under any obligatory National Service (If yes, specify):

……

26 Minimum Notice Period:

……..

27 Names of two persons (with addresses and contact numbers) to whom reference can be made:

Name Position and Address

1. …… ……
……
……

Tel. No: …… Fax: ……
E-mail: ……

2. …… ……
……
……

Tel. No: …… Fax: ……
E-mail: ……

28 I hereby declare that the particulars furnished by me in this application are true and accurate. I am also aware that if any particulars herein are found to be false or incorrect, I am liable to disqualification if the inaccuracy is discovered before the selection and dismissal without any compensation if the inaccuracy is discovered after the appointment.

…… ……

Signature of the Applicant Date

29	For Public / Corporate Sector Candidates
	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. Date: …… Signature of the Head of Institution *(Please place the official seal of the Head of Institution)*
	Notes;
(i)	If the space above are not sufficient, please use extra sheets, when & where necessary.
(ii)	Indicate the list of documents attached with the application form.
	(a) ……..
	(b) ……..
	(c) ……..
(iii)	Please mark with "---" in the relevant cage, if you have nothing to mention/ report.