

UNIVERSITY COLLEGE OF KULIYAPITIYA UNIVERSITY OF VOCATIONAL TECHNOLOGY



APPLICATION FORM FOR MANAGEMENT ASSISTANT

POST	OST:						
NAM	AME 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:	Mont	h: Dave		
		nlication			<i>,</i>		
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)		I .				
	Name of School/ College	Year	Subjects	Results	Subjects	Results	

	University / Institution Degre		Class	Special/ Hons or General Degree		From-To	Effective Date of Degree
L2	Professional Trainin		Training Prog	vram	Training Outco	me	Period
	mstitution		Training Trogram				
.3	Professional Qualifi		hartered / Licentiate/ Corpora		rate Membership etc. Name of the Institution/		Year of
	Institutio	II	nieu/ Specializ	Zation	University		Awarded
14	Certificates (if any)						
.4	Certificates (if any) Course/Certif	icate	Field		Name of the Insti University		Year
.4		icate	Field				Year

	Other				1					
	English									
	Tamil									
	Sinhala									
				/ritten Satisfactory	Week	Very Good	Good	Spoke Satis	en sfactory	Week
19	Proficiency i	n Langua	ges (Please	Mark '√' in th	e relevan	t cage)				
	Post	D	esignation	Institut	tion		rief on of Dutie	es (c	Per From dd/mm /yyyy)	To (dd/mm /yyyy)
18	Previous Working Experience in Teaching/ Research/ Professional Work (in reverse order)									<u> </u>
	Post [Designation	on Employer		Brief Description of Duties		ies	From (dd/mm/yyyy)	
17	Current Emp	loyment:								
	(Please Mark '√' in the relevant cage) Yes No Creativity (patents)									
	(Attach the I	vancy:								
16	Publications	:								
15	Any oth scholarships (indicate the awards have	, medals, e Institut	ion from v	distinctions vhich such						

20	Skills in Computing & Information Technology					
	Qualification	Institutio	า	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: E-mail:	 	Fax:			
	2					
	Tel. No: E-mail:		Fax:			
28	I hereby declare that the particular aware that if any particulars herein the inaccuracy is discovered before inaccuracy is discovered after the a	n are found to be fore the selection a	alse or incorr	ect, I am	liable to disqualification if	
	Signature of the Applicant			D	ate	

29	For Public / Corporate Sector Candidates
	Application for the post ofsubmitted bysubmitted by
	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.