



Institute of Allergology and Immunology

Application for the Posts of Academic and Non-Academic Positions

Application No: (Office use only)

Post Applied for	
Department (If applicable)	

1. PERSONAL DETAILS

Name with Initials							
Name in Full							
Gender	Female		Male				
Civil Status	Reverend		Married		Unmarried		
National Identity Card							
Permanent Postal Address							
E-Mail Address							
Mobile Phone Number			Land Line Number				
Date of Birth	DD	MM	YYYY	Age as at closing date	DD	MM	YYYY
Applicants Citizenship							
If a Citizen of Sri Lanka, how obtained	By descent			By registration			

2. EDUCATIONAL QUALIFICATIONS

i. Secondary Education

School	From	To	Examination passed	Year

ii. Higher Education

First Degree Title	Institution/University	Class 1 st 2 nd Upper / Lower Pass	Degree Effective Date and Course Duration			Index No
			DD	MM	YYYY	
			Duration from - YYYY to YYYY			
			DD	MM	YYYY	
			Duration from - YYYY to YYYY			

Main Subjects offered for the first degree

1.	2.	3.	4.
5.	6.	7.	8.
9.	10.	11.	12.

Postgraduate Degree Title	Institution/University	Degree Effective Date and Course Duration			Index No
		DD	MM	YYYY	
		Duration from YYYY to YYYY			
		DD	MM	YYYY	
		Duration from YYYY to YYYY			
		DD	MM	YYYY	
		Duration from YYYY to YYYY			

iii. Certificate or Diploma Courses

Institution/University	Course	Course Duration	Year
			YYYY

3. DETAILS OF RESEARCH AND PUBLICATIONS-*(if space is not sufficient, use a separate attachment)*

Title of the Research / Publication	Key Details

4. Special Qualifications (Academic Distinctions / Scholarships /Medals or Prizes/ Awards/ National Contributions/ Representing the Country etc.) *(if space is not sufficient, use a separate attachment)*

1.
2.
3.
4.
5.
6.

5. Memberships or Fellowships

6. Professional Qualifications

7. Employment Record (*From first employment to upwards*)

Post held	Institution	From			To		
		DD	MM	YYYY	DD	MM	YYYY
		DD	MM	YYYY	DD	MM	YYYY

		DD	MM	YYYY	DD	MM	YYYY
		DD	MM	YYYY	DD	MM	YYYY
		DD	MM	YYYY	DD	MM	YYYY

8. Particulars of Bond obligations to any other Institutions

Yes	No	If yes, specify			
Institution/University		Obligatory service period			Total bond Value (Rs)
		From: _____			To: _____
		From: _____			To: _____

9. Non-Related Referees

Name	Designation	Address	Contact no	E-Mail
1.				
2.				

One of the referees should be either the professor or a Senior Lecturer of the department of study in which the applicant had his/her university education or the Head of the Institution in which the candidate works.

10. Declaration

I hereby declare that the particulars furnished by me in the application are true and accurate. I am also aware that if any particulars contained 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.

.....

Date

.....

Signature

For Public Sector Candidates only

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.

Name of the Head of the Department:

.....
Signature of the Head of the Institution/Department

Designation:..... Date:.....

Official Seal: