

UNIVERSITY OF KELANIYA – SRI LANKA
APPLICATION FOR POST OF - DENTAL SURGEON

POST - UNIVERSITY DENTAL SURGEON

01. Name in Full

Dr./Mr/Mrs/Miss (delete whichever is not applicable)

02. Name with Initials.....

03. Permanent Address.....

.....

.....

Tele..... Fax..... E-mail.....

04. Business Address

.....

.....

.....

05. Date of Birth

06. Age as on closing date of Applications: Years..... Months..... Days.....

07. Civil Status

08. Citizenship (State whether by descent or by registration)

09. National Identity Card No

10. Details of Secondary Education

Name of School/College	From	To	Examination Pass
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11. Higher Education [First Degree and Postgraduate Degree (s)]

University	From To	- Degrees	Class Obtained	Effective Date of the degrees

12. Details of Scholarships, Medals & Prizes etc.

(If space is not sufficient use separate sheet of same size and attach to the end)

13. Other Professional Qualifications

Institution	Name of Qualification	Period of Entitlement	Effective date of Qualification

(If space is not sufficient use separate sheet of same size and attach to the end)

14. Present Post and Institution

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Date of Appointment

Salary Scale

Salary Step

Tenure

(State whether a Permanent post or a Temporary /Contract Appointment)

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15. Experience as a Dental Practitioner/Medical Practitioner (state previous appointments with post held and duration)

Post	Institution	To - From

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(If space is not sufficient use separate sheet and attach to the end)

16. Extra-curricular activities

(If space is not sufficient use separate sheet and attach to the end)

(Other Information

Attach curriculum vitae

17. Proficiency in Languages

(Tick correct cage)

Language	Written					Spoken				
	Very Good	Good	Satisfactory	Normal	Weak	Very Good	Good	Satisfactory	Normal	Weak
i Sinhala										
ii Tamil										
iii English										
iv Other										

18. Are you under any obligatory National Service or legally bonded to your employer?

Yes/No (Specify)

19 Names and addresses of two non- related referees

1. Name
Address
Telephone
Email

2. Name
Address
Telephone
Email

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 if the inaccuracy is discovered after the appointment.

Signature of Applicant Date.....

For Public Sector Candidates

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

.....

Signature of the head
of the Institution

Name:

Designation:

Seal:

Please attach photocopies of the relevant certificates to the application.