BUDDHIST AND PALI UNIVERSITY OF SRI LANKA
FORM OF APPLICATION

For Office Use

I.D. No.

POST :……

1. Name (in block letters)

   a. Surname :……..…….
   b. Other Names :……..……..
   c. Name With Initials (Mr./Mrs./Miss) :……..……

2. Postal Address : ……..
   ……..
   ……..

3. Contact Telephone No : ……...
   Fax No :…… E-Mail :……...…
   WhatsApp No : ……..

4. Date of Birth :

Year	Month	Date

5. Age as at the closing date of Application :

Year	Month	Date

6. Religion: ……

7. Civil Status :
   Married ☐ Single ☐

8. Sri Lankan Citizenship :
   By Descent ☐ By Registration ☐

9. Physique :
   Height ☐ Chest ☐

10. Higher Examination passed in the Following Language :

	Name of the Examination
Sinhala	
Tamil	
English	

11. G.C.E Ordinary Level :

Year…….. Exam No…….

Subject	Result	Subject	Result

12. G.C.E Advance Level :

Year…….. Exam No…….

Subject	Result	Subject	Result

13. University Education :

University	Degree & The Year	Medium	Special or General Degree	Subjects Followed	Class (Pl. indicate clearly)

14. Postgraduate Qualifications :

University Institution	Degree/Diploma Course (pl. indicate whether by research or by examination)	Period		Subjects Followed & the Effective Date	Results
		From	To		

15. Professional Qualifications :

Institution	Qualifications Obtained	Date of Commencement	Effective Date	Duration

16. Research & Publications, if any :
(If space is insufficient, please use a separate sheet of same size)

17. (a) Present Occupation :

Employer	Designation & nature of work assigned	Salary drawn per month	Period	
			From	To

(b) Previous Occupation:

Employer	Designation & nature of work assigned	Salary drawn per month	Period		Reason for leaving
			From	To	

18. Extra-Curricular Activities:

19. Specific details of Experience (If any):

20. Any other relevant facts:

21. Names, Occupation and Addresses of two non-related referees:

Name	Address	Telephone No.	Occupation

I hereby certify that the particular submitted by me in this application are true and accurate. I am aware that if any of these particulars are found to be false or inaccurate. I am liable to be disqualified before selection and to be dismissed without any compensation if the inaccuracy is detected after appointment.

Date :…….. Signature:……..

Recommendation by the Head of Department

I recommended the above application and agree to release the applicant in case he/she is selected for the post applied.

Date :..... …….

Signature of Head of Department