UNIVERSITY GRANTS COMMISSION

FORM OF APPLICATION

POS	Т:					
(I	ndicate the name of the post as given i	n the	advertisem	ent)	63	
01. (a) Name with initials :					
(1	b) Names denoted by Initials:					
02.	Whether Rev./Mr./Mrs./Miss	: [
03.	(a) Postal Address (Any change should be	:				
	communicated immediately) (b) Contact Telephone No.	•				
	(c) E-mail Address :					
04.	National Identity Card No.	:				
05.	(a) Date of Birth		Year	Month	Date	
	(b) Age as at the closing date of applications	•	Years	Months	Days	
06.	Civil Status	:				
07.	(a) Whether Citizen of Sri Lanka (State whether by decent or by registration) if by registration, give reference number & date of certificate of citizenship	:				

(b)	Whether you have been convicted for a civil or criminal case previously:		may lab	esq adt	Ly SVII's	مرتم الدر	
	If 'Yes' state further information			V. 1	Dec No		
10	Daga						
08.	Race : (State whether Sinhala, Tamil, person of	of Indian Ori	gin or M	uslim)			
08.	Race : (State whether Sinhala, Tamil, person o	of Indian Ori	gin or M	uslim)			
08.		of Indian Ori	gin or M	uslim)			
	(State whether Sinhala, Tamil, person of Education :	of Indian Ori	gin or M	uslim)		То	
)9. [(State whether Sinhala, Tamil, person of Education : Schools Attended	of Indian Ori		uslim) Date	Year	To Month	Date
)9.	(State whether Sinhala, Tamil, person of Education :		From		Year		Date
)9. [(State whether Sinhala, Tamil, person of Education : Schools Attended		From		Year		Date
)9. [(State whether Sinhala, Tamil, person of Education : Schools Attended 1.		From		Year		Date
)9.	(State whether Sinhala, Tamil, person of Education: Schools Attended 1. 2.		From		Year		Date

10. Qualifications- (All qualifications to be considered should be indicated in the application)

(a) University Education:
(Attach copies of certificates & transcripts)

	Degrées/Diplomas	Class	University	Con	Date of nmence			Effective Date		Duration
				Year	Month	Date	Year	Month	Date	
1.								Lines.		
2.										
3.										
4.										

(b) Professional Qualifications:

(Attach copies of certificates)

Institution	Qualifications Obtained	Cor	Date on mence		. I	Effective Date		Duration
10 0000 0000 00000000000000000000000000			Month		Year	Month	Date	N N
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5.								

(C) Postgraduate Qualifications. (Attach copies of certificates)

Postgraduate	University	By Course or	Cor	Date of			Effective Date		Duration (Prescribed
Degree/Diploma	By Research		Year	Month	Date	Year	Month	Date	period of Registration
1.	- 1								
2.									
3.									
4.									
5.									

(d) Training/Workshops attended:

(Attach copies of certificates)

Institution	Name of the Training Programme/Workshop		From			То	1	Duration
	Trogramme, wemonop	Year	Month	Date	Year	Month	Date	Duration
1.					井			
2.								
3.								

4.			
5.			
		**	

11. Any other academic distinctions scholarships, medals, prizes etc.: (indicate the Institution from which such awards have been obtained) (Attach copies of certificates)

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

(b) IT Projects
(If space is insufficient, please use separate sheet of same size)

Project	Period	Technology
- 1		

13.	Highest examination passed in	:				
	Sinhala/Tamil					

14.	(a)	Present Occupation	
Tale	(a)	1 resent Occupation	

1. Post :

2. Date of appointment to such post :

3. Whether confirmed in the present post:

4. Place of work with the Address :

5. Salary Scale of the post

6. Present Salary

a. Basic Salary:

b. Allowances:

(b) Previous appointments if any, with dates: (Attach copies of service certificates)

	Department/			Perio	d of Se	rvice		Salary	
Post	Institution		From			To		Scale	Duration
		Year	Month	Date	Year	Month	Date		
								1-02-91	
							-		

15. (a) Period of experience gained as at the closing date of Applications relevant to the post applied :

7	Years	Months	Days
	*		

(b) If you have obtained no-pay leave during this period, state reasons and the period of such leave :

16. Extra Curricular activities : (If space is insufficient, please use separate sheet of same size)

t	Level	
t	Level	
as]	Professional Body/Society	y//Organization

17. (Names of two non related referees with addresses and Contact Nos.)

	Designation	Address	Contact No: Email Address
1.		>	- Email Address
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Contd.../8

For public Service	/ Corporation/	Statutory	Board	Candidates	only
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Secretary, University Grants Commission.

Application is recommended and forwarded. I certify that the particulars given in numbers 01 to 14 of this application are correct according to the applicant's personnel file and if he / she is selected for the said post he / she can be / cannot be released.

Remarks if any:	
	Signature of the Head of the
ally on a section is it, exists a segment of the	Governing Body & Official Stamp

Name	
Designation	legal la surlegalió.
Date	: