UNIVERSITY GRANTS COMMISSION

FORM OF APPLICATION

POST:

(Indicate the name of the post as given in the advertisement)

01. (a	a) Namo	e with initials	:														
(b)	Names	denoted by Initials	:														
02.	Whet	ther Rev./Mr./Mrs./M	iss	:												 	
03.	(a) P	ostal Address		:													
	()																
		Any change should be ommunicated immed		Z)													
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	(b) C	Contact Telephone No).	:													
	<i>.</i>	Г															
	(c) E-	mail Address :															
04.	Natio	onal Identity Card N	0.	:													
05.	(a)	Date of Birth		:	Γ	Yea	ır]	Mo	nth		Da	te				
	(b)	Age as at the closing	a dat	te	Г	Yea	re		Моі	otha	,	Da	WG				
	(0)	of applications	5 uu	:	_	100	15		101	11112	,	Da	iyə				
06.	Civil	Status		:													
07.	(a)	Whether Citizen of (State whether by or registration) if by re give reference num of certificate of citiz	lecen egisti ber 8	t or b ation date	y ,	:										 	

	(b)	Whether you have been convicted for a civil or criminal case previous	y:	
		If 'Yes' state further information on the same	:	
08.	Race	:		

(State whether Sinhala, Tamil, person of Indian Origin or Muslim)

09. Education :

	From			То	
Year	Month	Date	Year	Month	Date
	Year				

10. Qualifications

(Qualifications should be obtained as at the closing date of the applications. All qualifications to be considered should be indicated in the application and the certified copies of certificates should be attached to the application)

(a) University Education:

	Degrees/Diplomas	Class	University	Cor	Date of nmence]	Effective Date	2	Duration
				Year	Month	Date	Year	Month	Date	
1.										
2.										
3.										
4.										

(b) Professional Qualifications:

Institution	Qualifications Obtained	Cor	Date on Date of Date o		E	Effective Date	;	Duration
		Year	Month	Date	Year	Month	Date	
1.								
2.								
2.								
3.								
4								
4.								
5.								

(C) Postgraduate Qualifications :

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

(d) Training/Workshops attended: (Attach copies of certificates)

Institution	Name of the Training Programme/Workshop		From			То		Duration
	r rogramme, mornishop	Year	Month	Date	Year	Month	Date	2 41401011
1.								
2.								
3.								
4.								

	Institution	Name of the Trainin Programme/Worksho		From			То		Duration
	Institution	Trogramme, worksh	Year	Month	Date	Year	Month	Date	Duration
1.									
2.									
3.									
4.									
	icate the Instituti ach copies of certifica	ion from which such ates)	awards h	ave bee	n obta	ined)			
Resear	rch & Publicatior	ns if anv :							
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Hig		passed in :	sheet of s		e)				
Hig Sinł	hest examination nala/Tamil	passed in :	sheet of s		e) 				
Hig Sinł	hest examination nala/Tamil Present Occup 1. Post	passed in :			e)				
Hig Sinł	hest examination nala/Tamil Present Occup 1. Post 2. Date of app	passed in :			e)				
Hig Sinł	hest examination nala/Tamil Present Occup 1. Post 2. Date of app 3. Whether co	passed in : pation : ointment to such po		ame sız	e)				
Hig Sinł	hest examination nala/Tamil Present Occup 1. Post 2. Date of app 3. Whether co	passed in : pation : ointment to such po nfirmed in the prese rk with the Address	st : ent post :	ame sız	e)				
Hig Sinł	hest examination nala/Tamil Present Occup 1. Post 2. Date of app 3. Whether co 4. Place of wor	passed in : pation : ointment to such po onfirmed in the prese rk with the Address e of the post	st : ent post : :		e)				

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

	Department/			Perio	od of Se	ervice		Salary	Reason for
Post	Institution	From			То			Scale	Cessation of Employment
rust		Year	Month	Date	Year	Month	Date		Employment

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

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)

	Event	Achievements	Level
G 4			
Sports			

	Subject	Level
Other Certificates		
Positions held in Professional Body/Societies/ Organizations/etc.	Positions	Professional Body/Society//Organization
Achievements		

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

Name	Designation	Address	Contact No: Email Address
1.			
2.			

I do hereby certify that particulars 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 of Applicant

For Internal Applicants Only.

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 :

Vice-Chancellor/Secretary/Registrar Rector/Director/SAS/Personnel/UGC

Institute:.....

Date:

For public Service/ Corporation/ Statutory Board Candidates only

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 Governing Body & Official Stamp

Name	:
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Designation :.....

Date :....