For Office Use

GENERAL SIR JOHN KOTELAWALA DEFENCE UNIVERSITY
APPLICATION FORM

NIC No.

APPLIED POST : _____

Name (In block letters)

a. Full name

……

……

b. Name with initials: Mr / Ms.:

……

……

2. a. Permanent Address:

……

……

b. Tel: Res. No. : …….. Mobile No. : ……..

c. E-mail: ……..……Fax : ……..……..

d. Skype ID: ……..……..……

3. Date of Birth: Year Month Date

4. Age: (As at closing date) Years Months Days

5. Civil Status: Married Single

6. Sex: Male Female

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

8. Schools Attended:

……

9. Highest Examination passed in the following Languages:

	Sinhala
	Tamil
	English

10. Educational Qualifications :
(Attach Copies of Certificates)

a) GCE (O/L) Examination		(b) GCE (A/L) Examination	
Name of the School:……		Name of the School :…….……	
Index No: …… Year : ……...		Index No: …… Year : …….....	
Subject	Grade	Subject	Grade

11. Vocational Level Qualifications Diploma & Certificates:

University/Institution	Diploma/Certificate Course	Period		Subjects followed and the effective date	Results
		From	To		

12. Other Qualifications, if any

……

……

……

……

……

13. a. Present Occupations: (if space is insufficient, please use a separate sheet)

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

b. Previous Occupation/s: (if space is insufficient, please use a separate sheet)

Place of work	Designation & nature of work assigned	Salary drawn per month	Period of stay		Reason for Leaving
			From	To	

14. Extra Curricular Activities:

15. Names, occupations and addresses of two non related referees:

Name	Address	Occupation	Contact No

16. Certification by Applicant

I hereby certify that the particulars submitted by me in this application form 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.

Further, I have enclosed copies of following documents. (Please put " √ " mark)

A. Educational Qualifications

1. O/L ☐
2. A/L ☐
3. Diploma ☐

B. Other Certificates

. ..... ☐

. ..... ☐

. ..... ☐

C. Service Certificates ☐

Date :…….

…….
Signature of Applicant

17. To be completed by the present employer (If any)

Applicant can/ cannot be released, if selected for appointment.

Any Special Comments :

.....
Signature

Name : .....

Designation : .....

Date : .....

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Date Received		
Eligibility	Yes	No
If No, Reasons		
Registrar/Senior Assistant Registrar (Establishment)		
Comments of Head/Dean		