For Office Use	

## GENERAL SIR JOHN KOTELAWALA DEFENCE UNIVERSITY <u>APPLICATION FORM</u>

	POST OF TECHNICAL OFFICER (AUDIO VISUAL) GR. III														
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Name ( In	bloo	ck letters)													
	a.	Full name	)												
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	b.	Name wit	n initiais	S: IVIT/IV	/IS.:										
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	b.	Tel: Res. I													
		E-mail:													
		Skype ID:													
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3.	Da	te of Birth:	Year	Mont	h Date	,		Age:			٠, [	Year	s N	Ionths	Days
							(A	saic	iosii	ng dat	e)				
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5.	Ci	ivil Status:	Marri	ea	Single	1	6.	Se	X:	Ma	le	Fe	male		
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10.	Educational C	Qualifications	:								
	a) GCE (O/L)	Examination	(b) GCE (A/L) Examination								
Name of the	School:										
Index No: Year :				. Index No: Year :							
	Subject		Grade		Sub	ject		Grade			
/4// 1.0											
(Attach Co	opies of Certifica	tes)									
11. Vocation	onal Level Qua	alifications Dip	oloma & Ce	ertificates:							
					riod	Subjects					
Universi	ty/Institution	Diploma/Cer			riod To	followed and the effective	R	esults			
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(Attach Cop	ies of Certificates	5)		se		followed and the effective	R	esults			

Highest Examination passed in the following Languages:

9.

Place of work	Designation & nature of work assigned		Salary drawn			Period of stay		
riace or work				per month		From	То	
		1			<u>'</u>			
Previous Occupa	ation/s: (if space is in	sufficient,	pleas	se use a se	eparate	sheet)		
Place of work	riace of work   hattire of work   no					Reason for Leaving		
Attach Copies of Certif								
Extra Curricular	Activities:							
<ol> <li>Names, occupations and addresses of two non related referees:</li> </ol>								
Name	Address		Occ	cupation		Contact N	lo	
	Place of work  (Attach Copies of Certification Curricular)  Extra Curricular	Previous Occupation/s: (if space is in:  Place of work  Place of work  Attach Copies of Certificates)  Extra Curricular Activities:  Names, occupations and addresses of	Previous Occupation/s: (if space is insufficient,  Place of work Designation & nature of work assigned  [Attach Copies of Certificates)  Extra Curricular Activities:	Previous Occupation/s: (if space is insufficient, pleased assigned)  Place of work  Place of work  Attach Copies of Certificates)  Extra Curricular Activities:  Names, occupations and addresses of two non related	Previous Occupation/s: (if space is insufficient, please use a set place of work assigned Period of From Activities:    Place of work   Designation & Salary drawn per month   Period of From	Previous Occupation/s: (if space is insufficient, please use a separate    Place of work	Previous Occupation/s: (if space is insufficient, please use a separate sheet)  Place of work Designation & Salary drawn per month Prom To  Reason for Attach Copies of Certificates)  Extra Curricular Activities:  Names, occupations and addresses of two non related referees:	

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

13.

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## 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 "  $\sqrt{}$  " mark)

<ul><li>A. Educational Q</li></ul>	ualifications	B. Other	Certificates
1. O/L		1	
2. A/L		2	
3. Diplom	na	3	
C. Service Certifi	cates	D. Birth (	Certificate
Date :			Signature of Applicant
17. To be comple	eted by the present employe	er (If any)	
Applicant can/ canr Any Special Comme	not be released, if selected for	or appointm	ent.
Name :			Signature
_			
For Office Use  Date Received			
Eligibility	Yes		No
If No, Reasons	100		110
Registrar/Senior Assistant Registrar (Establishment)			
Comments of Head/Dean			