

UNIVERSITY OF PERADENIYA SRI LANKA

FORM OF APPLICATION

Post	Applied For:	POST O	F INTERNA	L AUDITOR			
	gory of eligib ase <u>underline</u>		ory you wish	to apply for tl	his post)		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
1.	[If registered	l as a stude		Miss [Underline ity under any otl kets]	_		
2.	Postal Ade		communicated	l immediately]			
3.	Contact T	Contact Telephone No.			E-M		
4.	Date of Bi		ge Birth Certificate	e]	Tux	110.	
 5.	Nationalit	y					
6.	Civil Statu	1S					
7.	[State wheth	er by desc tion, give	of Sri Lanka ent or by registrate reference numb tizenship]				

8.	Educational Qualification	S [Please	attach copi	es of all relevant certific	ates]
	University Education Degree/Diploma, etc. & Name of the University	<u>From</u>	To	Course Followed	Date of Final Exam & Results [Give Class/Grade]
9.	Special Qualifications [Professional, etc. – Please attack	ch copies o	of all releva	nt certificates]	
10.	Postgraduate Qualification [State whether by course work of relevant certificates]	ns or research	h, duration	and effective date – Ple	ase attach copies of all

11.	cademic Distinctions, Scholarships, Medals, Prizes, etc., andicate the Institution from which such awards have been obtained - Please attach copies of relevant extificates]				
12.	Research Publications, if any [If space is insufficient, please use a separate sheet - Please attach copies of relevant certificates]				
13.	Proficiency on Languages: Highest Examination passed in,				
	Sinhala -				
	Tamil -				
	English -				
14.	(a) Present Occupation: 1. Post:				
	2. Date of appointment to such post :				
	3. Whether confirmed in the present post:				
	4. Place of work:				
	5. Salary scale of the post:				
	6. Present salary: (a) Salary Step -				
	(b) Allowances -				
	[Please attach copies of service certificates]				

	(b) Previous Employ [Please attach copie		h experience), wit ates]	h dates	and periods
	Department/ Institution	Post	<u>From</u>	To	Reasons for Leaving
	(c) Experience, if any [Please attach copies of		s]		
	(d) Particulars of Borif any:		Higher Education	nal Insti	itutions/Institutes
	(i) Obligatory (ii) Amount Du				
5.	Commendations/Punis Educational Institution				
6.	Extra Curricular Ac	t ivities [Please att	ach copies of all rela	evant ceri	tificates]
7.	Any other relevant p [Not included above - Plea		all relevant certifica	utes]	

	Names of two Non related referees [With post and postal addresses, Email addresses & contact numbers]						
	Name and Post	Postal Address, Email Address & Contact No.					
	1.						
	2.						
10	Whose a paried of experience	as is a requirement for the past applied state paried					
19.	of such experience with deta	ce is a requirement for the post applied, state period ails:					
20.	I hereby certify that the 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					

21.	1. [TO BE COMPLETED BY THE HEAD OF THE DEPARTMENT WHERE APPLICA					
	(a)	Is the applicant on probation?	Yes / No			
	(b)	Was any disciplinary action taken against the applicant?	Yes / No			
	(c) I recommend/ not recommend the application.					
		Date	Signature of Head of Department			
	Not	te: If space not sufficient to enter the details unattach to the end.	under each column use a separate sheet and			