

### SOUTH EASTERN UNIVERSITY OF SRI LANKA

## APPLICATION FOR COURSE ASSISTANT (ON CONTRACT BASIS)

### CENTRE FOR EXTERNAL DEGREES AND PROFESSIONAL LEARNINGS

1.	Person	nal Information					
	1.1	Full Name					
	1.2	Name with Initial/s					
			(Whether N	Mr./Mrs./	Miss)		
	1.3	Date of Birth			1.4	Age	
	1.5	Sex			1.6	Civil Status	
	1.3	Sex			1.0	CIVII Status	
	1.7	a) Address					
		i. Postal					
		ii. Private					
		b) Telephone Number					
		, .					
		c) Fax Number					
		d) Email Address					
		d) Eman Address					
	1.8	Whether Citizen of Sri I	Lanka	Yes		No.	
	1 9	National Identity Card N	Jo				

#### 2. Educational Record

#### 2.1 School records

(Attach copies of relevant document)

School attended	From	To	Last Class passed

# 2.2 G.C.E. (O/L) Exam Results G.C.E. (A/L) Exam Results (Attach copies of certificates)

Year	Subject	Grade	Year	Subject	Grade

# 2.3 University/ Post Graduate Education (Degree, Diplomas, Etc) (Attach copies of certificates)

(Titude of the of the order of					
Name of the Institution	Duration		Course followed	Effective	Results
	From	То	with Subjects	Date	

2.4	Any other Qualifications/ trainings obtained (Attach copies of certificates)

Language				Highest Examination Passed					
Emp	oloymen	at Record (If any)	I						
(a)	Prese	ent Occupation							
	i.	Post:							
	ii.	Date of appointme	ent to such post:						
	iii.	Whether confirme		post:					
	iv.	Place of work with	h the address:						
	v.	Salary Scale of the	e post:						
	vi.	Present Salary	a. Basic Sal	ary:					
			b. Allowand	ces:					
(b)	(b) Previous Employment Records:								
Institution/ Department			Post	From	То	Salary po			
(c)		od of experience gain applied; -	ed as at the closi	ing date of appl	lication rel	evant to the			

•	e found to be false or inaccurate, I am liable for compensation if the inaccuracy is detected after
Date:	Signature of Applicant
Recommendation of the Head of the Department	artment/ Division;
Applicant can / cannot be released, if select	ed for appointment.
Any special comments:	
	Signature of the Head of Department
Recommendation of the Secretary/ Registra	r/ Director
• •	amn 01 to 04 of this application are correct fhe/she selected for this post he/she can/ cannot
	Signature of Secretary/ Registrar/ Director
Date:	University/ Institution

I do hereby certify that the above particulars submitted by me are true and accurate.