UNIVERSITY OF RUHUNA FORM OF APPLICATION

Post:	Post: Department:						
Full name of the applicant:							
Name with initials:							
Identify card number:							
2. i. Gender	ii. Civil Status						
Reverend	Married						
Male	Unmarried						
Female							
3. Present Postal Address:	Permanent Address:						
E mail: F'phone No. (important: Pl. mention y	your current operative number/s):						
i phone No. (important: Fi. mention y	our current operative number/s.).						
4. Date of Birth	Age as at closing Date						
Year Month Date	Year Month Date						
5. Citizenship							
	Dy Docietration						
By descent	By Registration						
6. GCE O/L Examination Results							
Subj	ject Grade						

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Subject	Grade

8. University Education

Name of the University	From	Degree Course followed with Subjects	Class or Grade	Effective date of the degree
Postgraduate Degrees/Diploma				

(please attach copies of degree certificates obtained.)

9. (i) Professional/Special Qualifications and Experience

(ii) Research & Publications

10. Employment record

Post held	Institute	From	То	Number of month	Last drawn salary

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1	1.	Present	Occu	Dauon

Occupation	Institute	From	То	Number of month	Salary drawn

12. Other diplomas, Memberships, Fellowships etc.

Institute	Diploma etc.	Year

13. Professional Qualifications

Institute	From	То	Examinations passed or Degrees etc. obtained

14.

Proficiency in Sinhala/Tamil/English								
Language	Ability to Work		No	Ability to Teach			No	
	Very good	Good	Fair	knowledge	Very good	Good	Fair	knowledge
Sinhala								
Tamil								
English								

15. Referees

Name Designation Address

1.

2.

	nitted by me in this application are true and rs are found to be false or inaccurate. I am liable e dismissed without any compensation, if the
Date	Signature of Applicant
For Public Service/Corporations/Statutory Bo Application for the Post of	
Name	
Designation	
Date	
Seal	
(N.B. When applying for several posts, each post	should be applied for separately)