



SOUTH EASTERN UNIVERSITY OF SRI LANKA

Accelerating Higher Education Expansion and Development (AHEAD) project

FORM OF APPLICATION

POST APPLIED FOR

1. Name in Full				
2. Whether Rev./Mr./Mrs./Miss				
3. Postal Address : (any change should be communicated immediately)				
4. Telephone Number & e mail address (if available)				
5. Date of Birth & Age :				6. Civil Status :
7. Whether Citizen of Sri Lanka : (state whether by descent or by registration: if by registration, give reference number & date of certificate of citizenship)				NIC No:
8. Education - Schools attended (i). (ii). (iii). (iv).	From		To	
9. University Education: (Degrees, Diplomas etc.) University	From	To	Course followed (with subjects)	Results (give Class or Grade)

10. Postgraduate qualifications & dates of obtaining same :

11. Any other academic distinctions, Scholarships, Medals, Prizes, etc. (indicate the institution from which such awards have been obtained)

12. Research & Publications, if any : (if space is insufficient, please use separate sheet of same size.)

13. Highest Examination passed in Sinhala / Tamil :							
14. (a) Present occupation , place, date of appointment and basic salary drawn :							
(b) Previous appointments, if any, with dates : <u>Department / Institution</u>	<table border="1"> <thead> <tr> <th data-bbox="797 548 857 585"><u>Post</u></th> <th data-bbox="1127 548 1187 585"><u>From</u></th> <th data-bbox="1321 548 1360 585"><u>To</u></th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	<u>Post</u>	<u>From</u>	<u>To</u>			
<u>Post</u>	<u>From</u>	<u>To</u>					
15. Extra - Curricular activities :							
16. Any further relevant particulars : (not included above) :							

17. Names of two persons (with addresses) to whom reference can be made :	Name	Address
	1. Tel. No: Fax No: e-mail :
	2 Tel. No: Fax No: e-mail :

18. 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

Recommendation of the Head of the Institution

(If employed at Higher Educational Institutions, Government Departments and Government Corporations)

I recommend and forward herewith the application offor the above post and agree/ do not agree to release him/her in case selected to the post applied for.

Date:

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 Head of the Institution