



# SOUTH EASTERN UNIVERSITY OF SRI LANKA

## FORM OF APPLICATION

**Post:**

(Indicate the name of the post as given in the advertisement)

1. Name in Full : .....

.....

Name with initials : .....

(Rev./ Mr./ Ms/ Dr/ Prof)

2. i. Sex : Male  Female

ii. Civil Status : Single  Married

iii. Race :

3. Postal Address: Permanent Address:

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.....

Contact Telephone No. : .....

E-mail Address : .....

4. National Identity Card No: 

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5. Date of Birth Age as at the closing date of application

Year	Month	Date

Years	Months	Days

6. Citizenship: By Descent  By Registration

7. Education Schools Attended:

Name of School Attended	From	To

8. University Education: First Degree/ PG Degree (Attach copies of certificates)

Name of the University	Duration		Course followed with Subjects (Special/ General)	Results (give class or grade with effective date)
	From	To		

9. Other Diploma, Membership, Fellowships etc. (Attach copies of certificates)

Institute	Diploma etc.	Year

10. Professional Qualifications (Attach copies of certificates)

Institute	From	To	Qualifications Obtained

11. Language Proficiency (Please tic ✓):

Language	Ability to Work				Ability to Communicate			
	Very good	Good	Fair	No Knowledge	Very good	Good	Fair	No Knowledge
Sinhala								
Tamil								
English								



14. Extra curricular activities (If space is insufficient, please use separate sheet of same size)

15. Any other relevant particulars:

16. Name of two non related Referees:

<b>Name</b>	<b>Designation</b>	<b>Address</b>	<b>Contact No &amp; E mail Address</b>

17. Paste the cash receipt properly here

<p>(Paste the receipt here securely) (It would be advisable to keep a photocopy of the receipt with the candidate)</p>
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I do 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

**ATTESTATION**

I hereby certify that Mr./ Mrs./ Ms. .... who submits this application is known to me personally, that he/ she has paid the prescribed fee and affixed the relevant receipt herein. He/ She placed his/ her signature in my presence on .....

.....  
Date

.....  
Signature of the Officer attesting the Signature

Name in full of the Officer Attesting the Signature: .....  
.....

Designation : .....

Address : .....

(Official Stamp)

**For Public Service/ Corporation/ Statutory Board Candidates Only**

Application for the post of .....  
Submitted by .....is recommended and forwarded hereby. I certify that the particulars given in numbers 01 to 13 of this applications are correct according to the applicant's personal file and if he/ she is selected for the said post he/ she can be / cannot be released.

Remarks if any:

.....  
Signature of the Head of the Department  
(Official Seal)

Name : .....

Designation : .....

Date : .....