

EASTERN UNIVERSITY, SRI LANKA

APPLICATION FORM FOR THE POST OF ACADEMIC / ADMINISTRATIVE/ ACADEMIC SUPPORT

POST OF			
DEPARTMENT OF			
1. PERSONAL INFORMATION :			
1.1 Name in full			
1			
1.2 Name with initial/s			
1.3 Date of Birth		1.4 Age	
1.5 Sex	M F	1.6 Civil Status	Single
1.7 Whether Citizen of Sri Lanka	Yes No		Married Divorced
1.8 National Identity Card No.			
1.9 a. Permanent Address			
b. Telephone Number			
c. Fax Number			
d. E-mail Address	-1-		· .

2. EDUCATIONAL RECORD

2.1 Senior Secondary

Schools Attended	From	То
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2.2 University/ Post Graduate Education (Degrees, Diplomas, Etc)

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University	From	То	Subject/Field	Degree/	Grades/
			Subject/Field of Study	Degree/ Diploma	Class/
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2.3 Professional Qualifications

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3. ACADEMIC DISTINCTIONS

Institution	Year	Award
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4. RESEARCH, PUBLICATIONS, COMMUNICATIONS ETC.

(Please use additional sheets, if necessary)

List under:

- (a) Publication in Research Journals
- (b) Communication to Learned Societies
- (c) Others
- (d) Current Research Activities

5. LANGUAGE PROFICIENCY

Language	Highest Examination Passed & Year	Institution

6. EMPLOYMENT RECORD

6.1 Present'Employment

Institution	Post	Salary per month	With effect from

6.2 Previous Employment

Institution/Department	Post	From	То	Salary per month
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7. EXTRA CURRICULAR ACTIVITIES

Year	Activities
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8. OTHER RELEVANT PARTICULARS

9. NAMES OF REFEREES

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Name	Affiliation	Address
		Telephone/e-mail:
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	a.	· · · · · · · · · · · · · · · · · · ·
		Telephone/e-mail:

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10. CERTIFICATION BY APPLICANT

I hereby certify that the particulars submitted by me in this application form 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

11. TO BE COMPLETED BY THE PRESENT EMPLOYER (IF ANY)

Applicant can/ cannot be released, if selected for appointment.

Any Special Comments:

Signature

Name:...Designation:...Date:...

For Office Use

Date Received		т. Т
Eligibility	Yes	No
If No, Reasons		
, *		
Deputy Registrar/ Academic		
Establishments		
Comments of Head/Dean		

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