



**RAJARATA UNIVERSITY OF SRI LANKA
FORM OF APPLICATION**

POST (-

- 01. (a) Name with initials** :
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- (b) Names denoted by initials** :
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- 02. Whether Rev./Mr./Mrs./Miss** :
- 03. (a) Postal Address** :
- (Any changes should be communicated immediately)** :
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- (b) Contact Telephone No.** :
- 04. National Identity Card No.** :
- 05. (a) Date of Birth** :
- (b) Age as at the closing date of applications** :
- 06. Civil Status** :
- 07. Whether Citizen of Sri Lanka** :
- (State whether by decent or by registration)**
- If by registration give reference number & date of certificate of citizenship**
- 08. Race** :
- (State whether Sinhala, Tamil, Person of Indian Origin or Muslim)**

9. Education – School attended

From

To

(1)

(2)

10. (a) School Education

(i)G.C.E. (Ordinary Level)

Year :-

Index No.:-

S.No.	Subject	Grade
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

G.C.E. (Ordinary Level)

Year :-

Index No.:-

S.No.	Subject	Grade
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

(ii) **G.C.E. (Advanced Level)**

Year :-

Index No.:-

S.No.	Subject	Grade
1		
2		
3		
4		

G.C.E. (Advanced Level)

Year :-

Index No.:-

S.No.	Subject	Grade
1		
2		
3		
4		

(b) **University Education:-**

University	Degree/Diploma	Class	Date of Commencement	Effective date	Duration
1.					
2.					

(c) **Professional Qualifications:**

Institution	Course	Date of Commencement	Effective date	Duration
1.				
2.				

11. Highest examination passed in Sinhala and English

Sinhala:

English:

12. Period of experience gained as at the closing date of applications relevant to the post applied:

13. Extra Curricular Activities:

14. Names of two non related referees with address and contact Nos.

Name	Address
1.
Contact No.	
2.
Contact No.	

I do hereby certify that 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:

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Signature of applicant

