



UNIVERSITY GRANTS COMMISSION

FORM OF APPLICATION

POST: .....  
(Indicate the name of the post as given in the advertisement)

01. (a) Name with initials :

(b) Names denoted by Initials :

02. Whether Rev./Mr./Mrs./Miss : 



  
(Snr. Prof./Prof./Dr.)

03. (a) Postal Address : 



  
(Any change should be communicated immediately)

(b) Contact Telephone No. :

(c) E-mail Address :

04. National Identity Card No. :

05. (a) Date of Birth : 

Year	Month	Date

(b) Age as at the closing date of application : 

Years	Months	Days

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)

09. Qualifications- (All qualifications to be considered should be indicated in the application)

(a) University Education:  
(Attach copies of certificates & transcripts)

Degrees/Diplomas	Class	University	Date of Commencement			Effective Date			Duration
			Year	Month	Date	Year	Month	Date	
1.									
2.									
3.									
4.									

(b) Professional Qualifications:  
(Attach copies of certificates)

Institution	Qualifications Obtained	Date of Commencement			Effective Date			Duration
		Year	Month	Date	Year	Month	Date	
1.								
2.								
3.								
4.								
5.								

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11. (a) **Research & Publications :**  
(If space is insufficient, please use separate sheet of same size)

(b) **Extra- Curricular Activities :**

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12. (a) **Present Occupation :**

1. **Post :**

2. **Date of appointment to such post :**

3. **Whether confirmed in the present post :**

4. **Place of work with the Address :**

5. **Salary Scale of the post :**

6. **Present Salary**            a. **Basic Salary :**

b. **Allowances :**

(b) **Previous appointments if any, with dates:**  
(Attach copies of service certificates)

Post	Department/ Institution	Period of Service						Salary Scale	Reason for Cessation of Employment
		From			To				
		Year	Month	Date	Year	Month	Date		

**(C) Postgraduate Qualifications.**  
(Attach copies of certificates)

Postgraduate Degree/Diploma	University	By Course or By Research	Date of Commencement			Effective Date			Duration (Prescribed period of Registration)
			Year	Month	Date	Year	Month	Date	
1.									
2.									
3.									
4.									
5.									

**(d) Training/Workshops**  
(Attach copies of certificates)

Institution	Name of the Training Programme/Workshop	From			To			Duration
		Year	Month	Date	Year	Month	Date	
1.								
2.								
3.								
4.								
5.								

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**10. Any other academic distinctions scholarships, medals, prizes etc.:**  
(indicate the Institution from which such awards have been obtained)  
(Attach copies of certificates)  
(If space is insufficient, please use separate sheet of same size)

13. (a) Period of experience gained as at the closing date of Applications relevant to the post applied :

Years	Months	Days

(b) If you have obtained no-pay leave during this period, state reasons and the period of such leave :

(c) Qualifications & Experience relevant to Quality Assurance:

Qualifications/ Experience	Details

14. (Names of two non related referees with addresses and Contact Nos.)

Name	Designation	Address	Contact No: Email Address
1.			
2.			

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: .....

.....  
Signature of Applicant

**Secretary,  
University Grants Commission.**

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

**Remarks if any :**

**Vice-Chancellor /Rector/Director**

**Institute:.....**

**Date: .....**

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