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GENERAL SIR JOHN KOTELAWALA DEFENCE UNIVERSITY
APPLICATION FORM

POST OF TEMPORARY MANAGEMENT ASSISTANT

NIC No.

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Name (In block letters)

a. Full name
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b. Name with initials: Mr / Ms.:
.....
.....

2. a. Permanent Address:
.....
.....

b. Tel: Res. No. : Mobile No. :

c. E-mail: Fax :

d. Skype ID:

3. Date of Birth:

Year	Month	Date

4. Age: (As at closing date)

Years	Months	Days

5. Civil Status:

Married	Single

6. Sex:

Male	Female

7. Sri Lankan Citizenship: By Descent By Registration

8. Schools Attended:
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9. Highest Examination passed in the following Languages:

	Sinhala
	Tamil
	English

10. Educational Qualifications :

a) GCE (O/L) Examination		b) GCE (A/L) Examination	
Name of the School:.....		Name of the School :.....	
Index No: Year :		Index No: Year :	
Subject	Grade	Subject	Grade

(Attach Copies of Certificates)

11. Vocational Level Qualifications Diploma & Certificates:

University/Institution	Diploma/Certificate Course	Period		Subjects followed and the effective date	Results
		From	To		

(Attach Copies of Certificates)

12. Other Qualifications, if any

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13. a. Present Occupations: (if space is insufficient, please use a separate sheet)

Place of work	Designation & nature of work assigned	Salary drawn per month	Period of stay	
			From	To

b. Previous Occupation/s: (if space is insufficient, please use a separate sheet)

Place of work	Designation & nature of work assigned	Salary drawn per month	Period of stay		Reason for Leaving
			From	To	

(Attach Copies of Certificates)

14. Extra Curricular Activities:

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15. Names, occupations and addresses of two non related referees:

Name	Address	Occupation	Contact No

16. 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.

Further, I have enclosed copies of following documents. (Please put “√” mark)

A. Educational Qualifications

- 1. O/L
- 2. A/L
- 3. Diploma

B. Other Certificates

- 1.
- 2.
- 3.

C. Service Certificates

D. Birth Certificate

Date :

.....
Signature of Applicant

17. 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		
Eligibility	Yes	No
If No, Reasons		
Registrar/Senior Assistant Registrar (Establishment)		
Comments of Head/Dean		