



**INSTITUTE OF BIOCHEMISTRY MOLECULAR BIOLOGY AND
BIOTECHNOLOGY (IBMBB)
UNIVERSITY OF COLOMBO
SRI LANKA**

FORM OF APPLICATION

POST

01. Name in full: Underline Surname (see note (I) below)		
02. Whether Rev./Prof./Dr./Mr./Mrs./Miss		N.I.C. No:
03. Postal Address: (Any change should be communicated immediately)		
04. Telephone Number/s		
05. Date of Birth & Age:		06. Civil Status:
07. Whether Citizen of Sri Lanka: (state whether by descent or by registration: if by registration, give reference number & date of certificate of citizenship)		

08. University Education:
(Degree, Diplomas etc.)
University .

Institute/ University	Area of Specialization with major subjects	Qualifications		Duration	Effective Date
		General/Honours	Class/Grade		

Note (I): If you were registered as a student in a university under any other name, please indicate such name within brackets.
Note (II): State Index Number if known and Campus.

09. Postgraduate qualifications & dates
of obtaining same:

Institute/ University	Area of Specialization	Qualification	Duration	Effective Date

10. Any other academic distinctions,
Scholarships, Medals, Prizes, etc.
(Indicate the institution from which
such awards have been obtained)

Institute/ University	Name of Scholarships, Medals, Prizes	Year

11. Research & Publications, if any:
(If space is insufficient, Please use
separate sheet of same size.)

12. Highest Examination passed in
Sinhala/Tamil:

13. (a) Present occupation, place, date of
appointment, and basic salary drawn:

(b) Previous appointments, if any, with dates:

Department / Institution	Post	Duration	
		To	From

14. Extra – Curricular activities:

15. Any further relevant particulars:
(not included above):

16. (Contd.)

17. In the event of being selected please indicate the latest date on which you would be able to assume duties.

18. Names of two persons
(With addresses) to whom reference can be made:

Name

Address

1.
.....
.....

Tel. No:
e-mail :

Fax No:

2.....
.....
.....

Tel. No:
e-mail :

Fax No:

I 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

Recommendation of the Head of the Institution

(If employed at Higher Education Institutions, Government Departments and Government Corporations)

I recommended and forwarded herewith the application of for the above post and agree/ do not agree to release him/her in case selected to the post applied for.

Date:

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Head of the Institution