# UNIVERSITY GRANTS COMMISSION

# FORM OF APPLICATION FOR THE INTERNAL CANDIDATES

		he name of the post as given i	n the a	dvertise	mer	nt)		
— 01. (a	) Namo	e with initials :						
(b)	Names	denoted by Initials :						
X X E =								
02.	Whet	ther Rev./Mr./Mrs./Miss	: [			] , -		
03.		ostal Address  Any change should be	: [					
		ommunicated immediately)						
	(b) (	Contact Telephone No.	: [					
	(c) E	-mail Address :						
04.	Natio	onal Identity Card No.	:					
05.	(a)	Date of Birth	:	Year	r	Month	Date	 
	(b)	Age as at the closing date of applications	:	Year	rs	Months	Days	
06.	Civi	Status	:					
07.	(a)	Whether Citizen of Sri La (State whether by decent registration) if by registra give reference number & of certificate of citizenshi	or by ation, date	:				

	(b)	Whether you have been convicted for a civil or criminal case previously	:					× .
		If 'Yes' state further information on the same	: [					*
10	Race	:						
)8.								
	(State	whether Sinhala, Tamil, person of Ind	lian Ori		uslim)	. ,31.		
		tion :		From	uslim)		To	
9.	Educa		Year		Date	Year	To Month	Date
)9. 1	Educa	tion :		From		Year		Date
1 2	Educa	tion :		From		Year		Date
9.	Educa	tion :		From		Year		Date
)9. 1 2	Educa	tion :		From		Year		Date

#### 10. Qualifications

(Qualifications should be obtained as at the closing date of the applications. All qualifications to be considered should be indicated in the application and the certified copies of certificates should be attached to the application)

#### (a) University Education:

Degrees/Diplomas		Class	University	Date of Commencement			Effective Date			Duration
				Year	Month	Date	Year	Month	Date	100
1.	4 49									100
2.										
3.										
4.										

### (b) Professional Qualifications:

Institution	Qualifications Obtained	Date of Commencement			Effective Date			Duration	
			Month		Year	Month	Date		
1.									
2.					120				
3.								> -	
4.									
5.									

# (C) Postgraduate Qualifications:

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

#### (d) Training/Workshops attended:

(Attach copies of certificates)

Institution	Name of the Training Programme/Workshop	From			То			Duration	
Institution		Year	Month	Date	Year	Month	Date		
		1							
								s = 14;	

	Name of the Training		From		То				
Institution	Programme/Workshop	Year	Month	Date	Year	Month	Date	Duratio	
		7 541	Month	Dute	Tom	TVIOITIII	Date		
								- 2	
	,							100	
							125		
Any other academic	c distinctions scholarships	. med:	als, priz	es etc				- 11 7	
(indicate the Institu	ition from which such awa	ards h	ave bee	n obta	ined)				
(Attach copies of certifi					,				
							-		
								4111 	
esearch & Publication	ons if any :							1	
f space is insufficien	t, please use separate she	et of sa	ame size	e)					
f space is insufficien	t, please use separate she	et of sa	ıme size	e)					
f space is insufficien	t, please use separate she	et of sa	ıme size	e)					
f space is insufficien	t, please use separate she	et of sa	ıme size	e)					
f space is insufficien	t, please use separate she	et of sa	ıme size	e)					
f space is insufficien	t, please use separate she	et of sa	ame size	e)					
f space is insufficien	t, please use separate she	et of sa	ame sizo	e) 					
f space is insufficien  Highest examination	t, please use separate she	et of sa	ame size	e) 					
f space is insufficien	t, please use separate she	et of sa	ame sizo	e) 					
f space is insufficien  Highest examination	t, please use separate she	et of sa	ame sizo	e) 					
f space is insufficien  Highest examination	t, please use separate she	et of sa	ame sizo	e)					
f space is insufficien  Highest examination	t, please use separate she	et of sa	ame sizo	e)					
f space is insufficien Highest examination Sinhala/Tamil	t, please use separate she	et of sa	ame sizo	e)					
f space is insufficien  Highest examination Sinhala/Tamil  (a) Present Occu	t, please use separate she	et of sa	ame sizo	e)					
f space is insufficien Highest examination Sinhala/Tamil	t, please use separate she	et of sa	ame sizo	e)					
Highest examination Sinhala/Tamil  (a) Present Occu	t, please use separate she n passed in :	et of sa	ame sizo	e)					
Highest examination Sinhala/Tamil  (a) Present Occu	t, please use separate she	et of sa	ame size	e)					
Highest examination Sinhala/Tamil  (a) Present Occu  1. Post  2. Date of ap	t, please use separate she n passed in : upation :		ame sizo	e)					
Highest examination Sinhala/Tamil  (a) Present Occur. 1. Post  2. Date of ap	t, please use separate she n passed in :		ame size	e)					
Highest examination Sinhala/Tamil  (a) Present Occur. 1. Post 2. Date of ap 3. Whether c	t, please use separate she n passed in : upation : pointment to such post confirmed in the present p		ame sizo	e)					
Highest examination Sinhala/Tamil  (a) Present Occur. 1. Post 2. Date of ap 3. Whether c	t, please use separate she n passed in : upation :		ame size						
Highest examination Sinhala/Tamil  (a) Present Occur.  1. Post  2. Date of ap.  3. Whether c.  4. Place of wells.	t, please use separate she n passed in : upation : pointment to such post confirmed in the present p		ame size	e)					
Highest examination Sinhala/Tamil  (a) Present Occur.  1. Post  2. Date of ap.  3. Whether c.  4. Place of wells.	n passed in :  upation :  pointment to such post confirmed in the present p ork with the Address the of the post	: : : :	ame size	e)					

b. Allowances:

11.

12.

13.

14.

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

	Danautmont/			Perio	d of S		Salary	Reason for	
Post	Department/ Institution	From			То			Scale	Cessation of
1 050		Year	Month	Date	Year	Month	Date		Employment
									1 1
								10 F	
		/							1
									1

15. (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 rea	isons and
	the period of such leave	:	

16. Extra Curricular activities : (If space is insufficient, please use separate sheet of same size)

	Event	Achievements	Level
Sports			
эрогы			
59 S			

	Subject	Level
Other Certificates		
	Positions	Professional Body/Society//Organization
Positions held in Professional Body/Societies/ Organizations/etc.		
Achievements		

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

Name		Designation	Address	Contact No: Email Address	
1.	T & **				
Land Control					
2.	- B (A)				

I do hereby certify that particulars submitted by me in this application are true and accura	te.
I am aware that if any of these particulars are found to be false or inaccurate, I am liable to	
disqualified before selection and to be dismissed without any compensation if the inaccuracy	
detected after appointment .	

Date:	 
	Signature of Applicant

For Internal Applicants Only.		
Saguetam		
Secretary, University Grants Commission		
emiversity Grants Commission		
	and forwarded. I certify that the particulars correct according to the applicant's personnel file can be / cannot be released.	
Remarks if any:		
*	Vice-Chancellor/Secretary/Registrar	
	Rector/Director/SAS/Personnel/UGC	
	*	
	Institute:	
Date:		-