FORM OF APPLICATION: TEMPORARY ASSISTANT LECTURER IN ENGLISH FACULTY OF MANAGEMENT AND FINANCE, UNIVERSITY OF RUHUNA

	Post: Temporary Ass English	sistant Lec	turer In		Faculty Office				
1.	Full Name of the App	licant							
1.	Name with initials:	Jiicuiic.							
	Identity Card Number	er:							
2.	i. Sex				ii. Civil	status			
	Reverend				Marr	ried			
	Male				Unm	arried			
	Female					(
3.	Present Postal Addr	ess			Telephone N	0.			
					Ĩ				
	Email								
						-			
4.	Date of Birth Age at closing Date								
I		N .1	D i	ľ					
	Year	Month	Date		Year	Month	Date		
5.	Citizenship								
				٦					
	By Descent			By	Registration				
6.	Education Schools at	ttended							
	Name o	f the Schoo	bl		From	То			

7. University Education

		1	1		
Name of the University	From	То	Degree	Class or	The
-			Course	Grades	effective
			followed		date of
			with		the
			subjects		Degree
			Subjects		Degree
Postgraduate Degrees/					
Diploma					
Dipiona					
1					

(please attach copies of degree certificates obtained)

8. (i) Professional /Special Qualifications and Experience

(ii) Research and Publications

9. Employment Record

Post held	Institute	From	То	Number of Months	Last Drawn Salary

10. Present Occupation

Occupation	Institute	From	То	Number of Months	Last Drawn Salary

11. Other Diplomas, Memberships, Fellowships, etc.

Institute	Diploma etc.	Year	

12. Professional Qualifications

Trofessional Quantications			
Institute	From	То	Examinations passed or
			Degrees etc. obtained
	V	~	

13.

Proficiency in Sinhala/Tamil/English								
Language	Ability to Work		No	Ability to Teach			No	
			knowle				knowledge	
	Very	Good	Fair	dge	Very	Good	Fair	
	Good				Good			
Sinhala								
Tamil								
English								

14. Referees		
Name	Designation	Address
1.		

2.

15. I hereby certify that the particulars submitted by me in this application are true and accurate. I am aware that if any of the particulars are found to be false or inaccurate I am liable to disqualification before selection and to be dismissed without any compensation if the inaccuracy is detected after the appointment.

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Dat	e			

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Signature of Applicant

For Public Service/ Corporations/ Statutory Boards Candidates only

Application for the post of

Submitted by is forwarded herewith. If He / She is selected for the said post He/ She can/cannot be released.

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Name

Signature of the Head of the Institution

Designation

Date

Seal

(N.B. when applying for several posts, each post should be applied for separately)