

UNIVERSITY GRANTS COMMISSION

FORM OF APPLICATION FOR THE EXTERNAL CANDIDATES

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 :

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 :

**(b) Age as at the closing date
of applications :**

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. Education - Schools Attended :

	<u>From</u>	<u>To</u>
(1)		
(2)		
(3)		
(4)		
(5)		

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

(a) University Education:

Degrees/Diplomas	Class	University	Date of Commencement	Effective Date	Duration
1.					
2.					
3.					
4.					
5.					

(b) Professional Qualifications:

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

(C) Postgraduate Qualifications.

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

11. Any other academic distinctions : scholarships, medals, prizes etc. (indicate the Institution from which such awards have been obtained)

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

13. Highest examination passed in : Sinhala/Tamil

13 a. (For the Post of Asst. Secretary/Asst. Registrar or Asst. Accountant / Asst.Bursar/ Asst. Internal Auditor only)

Medium in which you wish to sit the Exam : Sinhala / Tamil / English

14. (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

Department/Institution	Post	Salary Scales	From	To
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i.

ii.

iii.

iv.

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

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

16. Extra Curricular activities :

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

<u>Name</u>	<u>Address</u>
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.

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**Signature of the Head of the
Governing Body**

Remarks if any :

Date: