

**EASTERN UNIVERSITY, SRI LANKA**

**FORM OF APPLICATION – VISITING INSTRUCTOR & PART-TIME COACH**

**(PHYSICAL EDUCATION)**

 Applied for:

# 1. Personal Information

* 1. Full Name
	2. Name with Initial/s
	3. Date of birth 1.4 Age

1.5 Gender 1.6 Civil Status

* 1. a. Permanent Address
		1. Telephone Number
		2. Fax Number
		3. E-mail Address
	2. Whether Citizen of Sri Lanka

No

Yes

* 1. National Identity Card No.
1. **Educational Record** 2.1

|  |  |  |  |
| --- | --- | --- | --- |
| School attended | From | To | Last Class passed |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

* 1. G.C.E (O/L) Exam Results G.C.E (A/L) Exam Results

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Year | Subject | Grade |  | Year | Subject | Grade |
|  |  |  |  |  |  |

* 1. University/ Post Graduate Education (Degrees, Diplomas, Etc)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| University | From | To | Subject/Field of Study | Degree/ Diploma | Grades |
|  |  |  |  |  |  |
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* 1. Professional Qualifications

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 2.5 Language Proficiency

|  |  |
| --- | --- |
| Language | Highest Examination Passed |
|  |  |
|  |  |
|  |  |

1. **Employment Record**
	1. Present Employment

|  |  |  |  |
| --- | --- | --- | --- |
| Institution / Department | Post | Salary permonth | With effectfrom |
|  |  |  |  |

* 1. Previous Employment

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Institution / Department | Post | From | To | Salary per month |
|  |  |  |  |  |

1. **Extra Curricular Activities**
2. **Other relevant Particular**

I do hereby certify that the above particulars submitted by me are true and accurate. I am aware that if any of the particulars are found to be false or inaccurate I am liable for disqualification, or dismissal without any compensation if the inaccuracy is detected after appointment.

Date:……………….. .……………………..

Signature of applicant

# TO BE COMPLETED BY THE PRESENT EMPLOYER (IF ANY)

Applicant can/ cannot be released, if selected for appointment. Any Special Comments:

………………………………….. Signature of the Head of Dept.

Observations/ Recommendation of the Registrar

Date:……………….. ………………………….

Signature of the Registrar