



**EASTERN UNIVERSITY, SRI LANKA**

**APPLICATION FORM FOR THE POST OF ACADEMIC / ADMINISTRATIVE/  
ACADEMIC SUPPORT**

**POST OF**

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**DEPARTMENT OF**

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**1. PERSONAL INFORMATION:**

1.1 Name in full


1.2 Name with initial/s

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1.3 Date of Birth

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1.4 Age

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1.5 Sex

M		F	
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1.6 Civil Status

Single	
Married	
Divorced	

1.7 Whether Citizen of Sri Lanka

Yes		No	
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1.8 National Identity Card No.

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1.9 a. Permanent Address


b. Telephone Number

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c. Fax Number

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d. E-mail Address

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## 2. EDUCATIONAL RECORD

### 2.1 Senior Secondary

Schools Attended	From	To

### 2.2 University/ Post Graduate Education (Degrees, Diplomas, Etc)

University	From	To	Subject/Field of Study	Degree/ Diploma	Grades/ Class/ GPA

### 2.3 Professional Qualifications


### 3. ACADEMIC DISTINCTIONS

Institution	Year	Award

### 4. RESEARCH, PUBLICATIONS, COMMUNICATIONS ETC.

*(Please use additional sheets, if necessary)*

List under:

- (a) Publication in Research Journals
- (b) Communication to Learned Societies
- (c) Others
- (d) Current Research Activities

## 5. LANGUAGE PROFICIENCY

Language	Highest Examination Passed & Year	Institution

## 6. EMPLOYMENT RECORD

### 6.1 Present Employment

Institution	Post	Salary per month	With effect from

### 6.2 Previous Employment

Institution/Department	Post	From	To	Salary per month

**7. EXTRA CURRICULAR ACTIVITIES**

Year	Activities

**8. OTHER RELEVANT PARTICULARS**

**9. NAMES OF REFEREES**

Name	Affiliation	Address
		Telephone/e-mail:
		Telephone/e-mail:

**10. CERTIFICATION BY APPLICANT**

I hereby certify that the particulars submitted by me in this application form 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

**11. TO BE COMPLETED BY THE PRESENT EMPLOYER (IF ANY)**

Applicant can/ cannot be released, if selected for appointment.

Any Special Comments:

.....  
Signature

Name :.....

Designation :.....

Date :.....

**For Office Use**

Date Received		
Eligibility	Yes	No
If No, Reasons		
Deputy Registrar/ Academic Establishments		
Comments of Head/Dean		