



WAYAMBA UNIVERSITY OF SRI LANKA
FORM OF APPLICATION FOR THE INTERNAL CANDIDATES

For Office Use Only

Post:

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. :

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 :
(1)
(2)
(3)
(4)

10. Educational Qualifications : G.C.E. (O/L) & G.C.E. (A/L)

(a) G.C.E. (O/L) :

1st Sitting (Year:.....)

2nd Sitting (Year:.....)

Subjects Passed	Grade	Subjects Passed	Grade
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

(b) G.C.E. (A/L)

1st Sitting (Year:.....)

2nd Sitting (Year:.....)

Subjects Passed	Grade	Subjects Passed	Grade
1.
2.
3.
4.

11. University Education :

University/ Institute	Degree	Period	Effective Date	Date, Class & Grade of Final Examination
1.				
2.				
3.				
4.				

12. Highest Examination Passed in Sinhala/ English:

(1) Sinhala

(2) English

13. Professional Qualifications :

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

14. Experiences (Relevant to the post applied) :

Department/ Institution	Post	From			To		
		DD	MM	YY	DD	MM	YY
1.							
2.							
3.							
4.							
5.							

15. Other Qualifications/ Extra Curricular Activities :

.....

.....

.....

16. Present Occupation:

- (a)
1. Post :
 2. Date of Appointment :
 3. Whether confirmed in the present post :
 4. Place of Work :
 5. Salary Scale of the Post :
 6. Present salary : (i) Basic Salary :
 - (ii) Allowances :

(b) Previous Appointments in the University Service:

University/ Institute	Post	From			To		
		DD	MM	YY	DD	MM	YY

17. Previous Appointments (Before University Service):

Department/ Institution	Post	From			To		
		DD	MM	YY	DD	MM	YY

I certify that all particulars stated by me in this application are true and accurate. I am aware that if any particulars are found to be false or inaccurate prior to my selection, my application will be rejected, and that if particulars are found to be false or inaccurate after my selection, I will be dismissed from my service without compensation.

Date :

.....
Signature of Applicant

Recommendation of the Head of the Department/ Branch/ Unit:

Forwarded, He/ She could be released / could not be released from the service of this Department/ Branch/ Unit if selected for an appointment.

Date :

.....
Signature of the Head of the Dept./Branch/ Unit

Note – In the case of an employee attached to the Faculties, Libraries & Financial Branches should complete.

Recommendation of the Dean/ Librarian/ Bursar :

.....

.....

Date :

.....
Signature of the Dean/ Librarian/ Bursar

(Should be filled by the Establishment Division)

I certify that the particulars given in columns 01 to 17 of this application are correct according to the applicant's personal file maintain by the Establishments Division.

Subject Clerk -

.....
Signature of the Senior Assistant Registrar/
Assistant Registrar (Non-academic Establishment)

Date :

Recommendation of the Secretary/ Registrar/ Director:

Forwarded, I certify that the particulars given in columns 01 to 17 of this application are correct according to the applicant's personal file maintain by this University/ Institute He/ She could be released/ could not be released from this University/ Institute if selected for an appointment.

Date :

.....
Signature of the Secretary/ Registrar/ Director

- Delete whichever is inapplicable