



# Wayamba University of Sri Lanka

## FORM OF APPLICATION

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**POST APPLIED FOR :**

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**Faculty :**

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**Department :**

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01. Name in Full : Rev./Mr/Miss/Underline Surname /  
(if registered as a student in a university under any other  
Name, please indicate such name within brackets)

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02. Postal Address : Telephone No :  
(Any change should be communicated immediately )

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03. Date of Birth & Age :  
(Please attach a copy of Birth Certificate)

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04. Civil Status

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05. Whether Citizen of Sri Lanka  
(State whether by decent or by registration ;  
If by registration, give reference number and  
Date of certificate of citizenship)

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06. University Education  
(Degree, Diploma ,etc.In the case of Medical/Dental please give details of 2<sup>nd</sup> ,  
3<sup>rd</sup> and Final Exams please attach copies of all certificates)

<u>Degree/Diploma etc.</u> <u>&amp; Name of the University</u>	<u>From</u>	<u>To</u>	<u>Course</u> <u>Followed</u>	<u>Date of Final Exam</u> <u>&amp; Results</u> <u>(Give Class/Grade)</u>
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07. Postgraduate Qualifications  
(State whether by course work or research, duration and effective date – please  
attach copies of all relevant certificates)

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08. Academic Distinctions, Scholarships, Medals, Prizes, etc.  
(Indicate the institution from which such awards have obtained – Please attach copies of relevant certificates)

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09. Research Publications, if any  
(If space is insufficient, please use separate sheet)

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10. Proficiency on Languages : Higher Examination passed in,

Sinhala -

Tamil -

English -

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11. (a) Present Occupation &  
Salary Drawn

(b) Previous Employments, if any, with dates and periods

<u>Department/Institution</u>	<u>Post</u>	<u>From</u>	<u>To</u>	<u>Reasons for Leaving</u>
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**12. Commendations/ Punishments, if any,  
during your career in the University/ Dept,  
Educational Institution**

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**13. Extra Curricular Activities**

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14. Any other relevant particulars  
(Not included above)

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15. Names of two referees  
(With addresses)

Name

Address

1

2

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16. I hereby certify that the 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**

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**(TO BE COMPLETED BY THE HEAD OF THE DEPARTMENT WHERE APPLICABLE)**

**Vice Chancellor ,**

Application forwarded. Please note that if selected, action will be taken to release him/her from service.

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Date

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Signature of Head of the Department

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Date

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Signature of Head of the Institution

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