# UNIVERSITY GRANTS COMMISSION

## FORM OF APPLICATION

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**POST: ……**

(Indicate the name of the post as given in the advertisement)

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**01. (a) Name with initials :**

**(b) Names denoted by Initials :**

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**02. Whether Mr./Mrs./Miss :**

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**03. (a) Postal Address :**

**(Any change should be communicated immediately)**

**(b) Contact Telephone No. :**

**(c) E-mail Address :**

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**04. National Identity Card No. :**

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**05. (a) Date of Birth :**

| Year | Month | Date |
|---|---|---|
| | | |

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

| Years | Months | Days |
|---|---|---|
| | | |

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**06. Civil Status :**

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**07. (a) Whether Citizen of Sri Lanka : (State whether by decent or by registration) if by registration, give reference number & date of certificate of citizenship**

**(b) Whether you have been convicted for a civil or criminal case previously :**

**If 'Yes' state further information**

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**08. Race :**

**(State whether Sinhala, Tamil, person of Indian Origin or Muslim)**

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**09. Education :**

| Schools Attended | From | | | To | | |
|---|---|---|---|---|---|---|
| | Year | Month | Date | Year | Month | Date |
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |

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

**(a) University Education:**

**(Attach copies of certificates & transcripts)**

| Degrees/Diplomas | Class | University | Date of Commencement | | | Effective Date | | | Duration |
|---|---|---|---|---|---|---|---|---|---|
| | | | Year | Month | Date | Year | Month | Date | |
| 1. | | | | | | | | | |
| 2. | | | | | | | | | |
| 3. | | | | | | | | | |
| 4. | | | | | | | | | |

**(b) Professional Qualifications:**
**(Attach copies of certificates)**

| Institution | Qualifications Obtained | Date of Commencement | | | Effective Date | | | Duration |
|---|---|---|---|---|---|---|---|---|
| | | Year | Month | Date | Year | Month | Date | |
| 1. | | | | | | | | |
| 2. | | | | | | | | |
| 3. | | | | | | | | |
| 4. | | | | | | | | |
| 5. | | | | | | | | |

**(C) Postgraduate Qualifications.**
**(Attach copies of certificates)**

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

**(d) Training/Workshops attended:**
**(Attach copies of certificates)**

| Institution | Name of the Training Programme/Workshop | From | | | To | | | Duration |
|---|---|---|---|---|---|---|---|---|
| | | Year | Month | Date | Year | Month | Date | |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 1.<br>2.<br>3.<br>4. | | | | | | | | |

**IT related Training/Workshops**

| Institution | Name of the Training Programme/Workshop | From | | | To | | | Duration |
|---|---|---|---|---|---|---|---|---|
| | | Year | Month | Date | Year | Month | Date | |
| 1.<br>2.<br>3.<br>4. | | | | | | | | |

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

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

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**13. Highest examination passed in :**
**Sinhala/Tamil**

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**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:**
**(Attach copies of service certificates)**

| Post | Department/ Institution | Period of Service | | | | | | Salary Scale | Duration |
|---|---|---|---|---|---|---|---|---|---|
| | | From | | | To | | | | |
| | | Year | Month | Date | Year | Month | Date | | |
| | | | | | | | | | |
| | | | | | | | | | |

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

| Years | Months | Days |
|---|---|---|
| | | |

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

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**16. Organizational citizenship behavior :**
**(Your voluntary commitment with an organization that is not a part of your contractual task - If space is insufficient, please use separate sheet of same size)**

**17. Bank Slip should be affixed below :**

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

| Name | Designation | Address | Contact No:<br>Email Address |
|---|---|---|---|
| **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**

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**For Internal Applicants Only.**

**Secretary,**
**University Grants Commission.**

**Application is recommended and forwarded. I certify that the particulars given in numbers 01 to 15 of this application are correct according to the applicant's personnel file and if he / she is selected for the said post he / she can be / cannot be released.**

**Remarks if any :**

**Vice-Chancellor/Secretary/Registrar**
**Rector/Director/SAS/Personnel/UGC**

**Institute:…….**

**Date: ……**

**For public Service/ Corporation/ Statutory Board Candidates only**

**Secretary,**
**University Grants Commission.**

**Application is recommended and forwarded. I certify that the particulars given in numbers 01 to 15 of this application are correct according to the applicant's personnel file and if he / she is selected for the said post he / she can be / cannot be released.**

**Remarks if any :**

**……..**

**Signature of the Head of the**
**Governing Body & Official Stamp**

**Name :……..……**

**Designation :……..……**

**Date :……**