

**UNIVERSITY OF RUHUNA**

**FORM OF APPLICATION – FACULTY OF MANAGEMENT AND FINANCE**

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Post 1. Full Name of the Applicant Name with initials Identity Card Number	Department
2. i. Sex	ii. Civil status
Reverend	Married
Male	Unmarried
Demale	

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3. Present Postal Address	Telephone No.
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E mail

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4. Date of Birth	Age at closing Date												
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 33%;">Year</th><th style="width: 33%;">Month</th><th style="width: 33%;">Date</th></tr></thead><tbody><tr><td style="height: 20px;"></td><td></td><td></td></tr></tbody></table>	Year	Month	Date				<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 33%;">Year</th><th style="width: 33%;">Month</th><th style="width: 33%;">Date</th></tr></thead><tbody><tr><td style="height: 20px;"></td><td></td><td></td></tr></tbody></table>	Year	Month	Date			
Year	Month	Date											
Year	Month	Date											

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5. Citizenship	
By Descent	By Registration

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6. Education Schools attended								
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 50%;">Name of the School</th><th style="width: 25%;">From</th><th style="width: 25%;">To</th></tr></thead><tbody><tr><td style="height: 150px;"></td><td></td><td></td></tr></tbody></table>	Name of the School	From	To					
Name of the School	From	To						

7. University Education

Name of the University	From	To	Degree Course followed with subjects	Class or Grads	Effective date of the Degree
Postgraduate Degrees/ Diploma					

(please attach copies of degree certificates obtained)

8. (i) Professional /Special Qualifications and Experience

(ii) Research and Publications

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9. Employment Record

Post held	Institute	From	To	Number of Months	Last Drawn Salary

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10. Present Occupation

Occupation	Institute	From	To	Number of Months	Last Drawn Salary

11. Other Diplomas, Memberships, Fellowships etc.

Institute	Diploma etc.	Year

12. Professional Qualifications

Institute	From	To	Examinations, passed or Degrees etc. obtained

13.

Proficiency in Sinhala/Tamil/English								
Language	Ability to Work			No knowledge	Ability to Teach			No knowledge
	Very Good	Good	Fair		Very Good	Good	Fair	
Sinhala								
Tamil								
English								

14. Referees

Name	Designation	Address
1.		
2.		

One of the referees should be either the Professor or a Senior Lecturer of the Department of study in which the applicant had his/her University education or the Head of the Institution in which the candidate works.

15. I hereby certify that the particulars submitted by me in this application are true and accurate. I am aware that if any of particulars are found to be false or inaccurate. I am liable to disqualified before selection and to be dismissed without any compensation, if the inaccuracy is detected after appointment.

.....  
Date

.....  
Signature of Applicant

**For Public Service/ Corporations/ Statutory Boards Candidates only**

Application for the post of

.....  
Submitted by .....

is forwarded herewith. If He / She is selected for the said post He/ She can/cannot be released.

.....  
Signature of the Head of the Institution

Name

Designation

Date

Seal

(N.B. when applying for several posts, each post should be applied for separately)