SABARAGAMUWA UNIVERSITY OF SRI LANKA

PO Box 02, Belihuloya 70140, Sri Lanka. Tel - 045-2280087, 045-2280015 (Fax)

**APPLICATION FOR ACADEMIC SUPPORT POST**

SU/ES/form 08

*(Revised )*

# Post applied for: ……………………………………………………………................………….……..............

Faculty:…………………………................…………... Department:……………………............………

# Discipline/Subject: …………………….................…..

01. Name with initials (Rev./Dr./Mr./Mrs./Miss)………….........................………….……………………

# 02. Name denoted by the initials: ………….........................……………………………….……………........

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# 03. Permanent Address: 04. Address for Correspondence:

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# …………………………………….......................... ………………………………….........................

…………………………………….......................... ………………………………............................ 05. NIC Number:………........………………….......... 06. Nationality:………...............………………

# 07. State whether citizen of Sri Lanka by Descent : Yes/No If by Registration, give Reg. No. .........................

08. Gender:…………………………........……............ 09. Civil Status:…………...............…………...

# 10. Date of Birth:………………………..................…. 11. Age:…………………................……………

1. Contact Telephone No:

# Office:………………………………………........... Home:……............……………...……………...

Mobile:…………......…… Fax:………………..... E-mail:…………......…………………..............

# University Education (give all details in respect of the first degree, diploma postgraduate degree etc. Please annex copies of the detailed certificates):

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| University | Study period(from –to) | Title of the Degree/Diploma | Principal subject | Class Obtained | Year | Annex No. |
|  |  |  |  |  |  |  |

1. Details of Professional Qualifications (Please annex copies of certificates):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name & address of the Professional body | Field of the professional study/training | Title of the Professional qualification | Study period (from –to) | Year of award | Annex No. |
|  |  |  |  |  |  |

# Details of employment: Start from the current or most recent one (Please annex the copies of service certificates).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Period | Organization | Position | Nature of duties | Reason for leaving | Annex No. |
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1. Details of academic distinctions such as Scholarships Prizes, Gold Medals etc, received during the career /professional training:

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# Details of research and publications (If the space provided is insufficient attach a separate sheet):

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# In your choice of the disciplines indicate the areas that you can undertake teaching at Undergraduate level:

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# Language skills (indicate the level of your proficiency in the appropriate cage using one of the following letters A,B,C and D as per given below):

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| --- | --- | --- | --- |
| Languages | Reading | Writing | Conversation |
| Sinhala |  |  |  |
| Tamil |  |  |  |
| English |  |  |  |
| Others (Specify) |  |  |  |

A- Fully competent

# B - Moderately competent

C- Can Manage with difficulty

# D- Not competent

1. Secondary Educations:

|  |  |  |
| --- | --- | --- |
| Period | School | Examinations passed |
|  |  |  |

# Extra- Curricular activities: Give details School Level

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# University Level

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# National Level

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# Any other information that you consider as supportive of you application:

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# Names positions and Addresses of two non – related referees:

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# Declaration by the applicant:

I certify that the information furnished in this application is true and correct to the best of my knowledge. I am aware that if any information contained in this application is found to be incorrect after my being selected, my appointment is liable to be cancelled without any compensation.

# ………………………… ………………………………………......

Date Signature

# Observations of the present employer:

## (Those in employment should forward their application through their present employer)

I **recommend/ not recommend** this application. The applicant will be released from his present employment, if **he/ she** is selected for this appointment *(Delete the inapplicable words)*

# ………………………… …………………………………………...

Date Signature of the Head of the Institution

## (Office stamp to be affixed)