

SABARAGAMUWA UNIVERSITY OF SRI LANKA PO Box 02, Belihuloya 70140, Sri Lanka. Tel - 045-2280087, 045-2280015 (Fax)

SU/ES/form 08 (Revised)

APPLICATION FOR ACADEMIC POST

Pos	t applied for:							
Fac	ulty:			Department:				
Disc	cipline/Subject: .							
			Mr./Mrs./Miss)					
03.	Permanent Address:			04. Address for Correspondence:				
0.5				04.37.4.4.4.				
				06. Nationality:			•••••	
			ka by Descent : Yes/N	No				
)					
				09. Civil Status:				
10.	10. Date of Birth:			11. Age:				
12.	Contact Telepho	ne No:						
	Office:			Home:				
	Mobile:	Fax	c	E-mail:				
13.			all details in respect ies of the <u>detailed cer</u>		diploma and	d postgr	aduate	
	University	Study period (from -to)	Title of the Degree/Diploma	Principal subject	Class Obtained	Year	Annex No.	

	& address of fessional body	profess	ld of the sional study raining	Title of the Professional qualification	pe	tudy eriod m –to)	Year of award	Annex
Details o	of employment: S	Start from	the current or	most recent one (Ple	ease an	nex the	copies of	' ser
certificate Period	Organization		Position	Nature of duties		Reaso leavin	n for	Annex
D	of academic disti	inctions s	uch as Scholar	ships Prizes, Gold N	Medals	etc. rec	eived dur	ing

17. Details of research and publications (If the space provided is insufficient attach a separate sheet):							
8. In your choice of the disciplines indicate the areas that you can undertake teaching at Undergraduat level:							
19. Language skills (indicate the level of your proficiency in the appropriate cage using one of following letters A,B,C and D as per given below):							
Reading	Writing	Conversation					
	C Can Manage with diff	Soulty.					
etent	D- Not competent	licuity					
School	Exa	Examinations passed					
		904					
ties: Give details							
	ate the level of your pand D as per given belo Reading etent School	isciplines indicate the areas that you can undertake the level of your proficiency in the appropriate and D as per given below): Reading Writing					

	University Level					
	National Level					
22	A					
22	. Any other information that you consider as supportive of	of you application:				
23	Names positions and Addresses of the same and Addresses					
23	. Names positions and Addresses of two non - related ref	erees:				
	ΙΙ	I				
24.	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				
25.	Observations of the present employer: (Those in employment should forward their application through	gh 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)				