

INSTITUTE OF INDIGENOUS MEDICINE, UNIVERSITY OF COLOMBO SRI LANKA

FORM OF APPLICATION

POST

DEPARTMENT

1. Name in Full : Underline Surname (see note (I) below)				
2. Whether Rev./Mr./Mrs./Miss				
3. Postal Address : (any change should be communicated immediately)				
4. Telephone Number (if available)				
5. Date of Birth & Age :			6. Civil Status :	
7. Whether Citizen of Sri Lanka : (state whether by descent or by registration: if by registration, give reference number & date of certificate of citizenship)				
8. Education - Schools attended (i). (ii). (iii). (iv).	From		To	
9. University Education: (Degrees, Diplomas etc.) University (see note (II) below)	From	To	Course followed (with subjects)	Results (give Class or Grade)

Note (I): If you were registered as a student in a University under any other name, please indicate such name within brackets.

Note (II): State Index Number if known and Campus.

10. Postgraduate qualifications & dates of obtaining same :

11. Any other academic distinctions, Scholarships, Medals, Prizes, etc. (indicate the institution from which such awards have been obtained)

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

13. Highest Examination passed in Sinhala/Tamil :							
14. (a) Present occupation , place, date of appointment and basic salary drawn :							
(b) Previous appointments, if any, with dates : <u>Department / Institution</u>	<table border="1"> <thead> <tr> <th data-bbox="710 622 1029 728"><u>Post</u></th> <th data-bbox="1029 622 1189 728"><u>From</u></th> <th data-bbox="1189 622 1482 728"><u>To</u></th> </tr> </thead> <tbody> <tr> <td data-bbox="710 728 1029 1146"></td> <td data-bbox="1029 728 1189 1146"></td> <td data-bbox="1189 728 1482 1146"></td> </tr> </tbody> </table>	<u>Post</u>	<u>From</u>	<u>To</u>			
<u>Post</u>	<u>From</u>	<u>To</u>					
15. Extra - Curricular activities :							
16. Any further relevant particulars : (not included above) :							
17. In the event of being selected please indicate the latest date on which you would be able to assume duties.							

18. Names of two persons (with addresses) to whom reference can be made :	Name	Address
	1.....
	
	
	
	Tel. No:	Fax No: e-mail :
	2.....
	
	
	
	Tel. No:	Fax No: e-mail :

19. 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

Recommendation of the Head of the Institution

(If employed at Higher Educational Institutions, Government Departments and Government Corporations)

I recommended and forwarded herewith the application offor the above post and agree/ do not agree to release him/her in case selected to the post applied for.

Date:

Head of the Institution
(With official frank)