

**INSTITUTE OF INDIGENOUS MEDICINE**

**UNIVERSITY OF COLOMBO**

**FORM OF APPLICATION**

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| 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 &e mail address  (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) |  | | | NIC No: |
| 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) |
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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.

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| 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.) |  |

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| 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 :  Department / Institution | Post FromTo |
| 15. Extra - Curricular activities : |  |
| 16. Any further relevant particulars :  (not included above) : |  |

16. (Contd.)

17. In the event of being selected please

indicate the latest date on which you

would be able to assume duties.

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| --- | --- |
| 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 of ………………………………..for 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