

**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 Address1. ............................................ …....................................................…............................................................................................................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