

**INSTITUTE OF INDIGENOUS MEDICINE**

**UNIVERSITY OF COLOMBO**

**FORM OF APPLICATION**

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| **Post****Department****Field (Preference)**  |
| 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 |  |
| 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. NIC No: |
| 9. Education - Schools attended  (i). (ii). (iii). (iv).  | From |  To |
| 10. 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.

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| 11. Postgraduate qualifications & dates  of obtaining same : |  |
| 12. Any other academic Distinctions,  Scholarships, Medals, Prizes, etc.  (indicate the institution from which  such awards have been obtained) |  |
| 13. Research & Publications, if any : ( please use separate sheets as mentioned ) | Annexure I- Book/ ChapterAnnexure II- AbstractAnnexure III- Indexed journal/ Peer reviewed journal Annexure IV- Other |

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| --- | --- |
| 14. Highest examination passed in  Sinhala/Tamil : |  |
| 15. (a) Details of Present occupation | **Name of the Post:****Place:****Date of appointment:****Basic salary drawn:** |
|  (b) Previous appointments, if any, **Department / Institution** | **Post** **From** **To** |
| 16. Extra - Curricular activities : |  |
| 17. Any further relevant particulars: (not included above) : |  |

18. In the event of being selected please indicate the latest date on which you would be able to assume duties.

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| --- | --- |
| 19. 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 :  |

20. 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

**Annexure I**

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| **Books/ Chapter** |
| **S.No** | **Name of the Book** | **Date of Publication** | **Author** | **ISBN No.** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |

**Annexure II**

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| **Abstract** |
| **S.No** | **Title of Articles** | **Author** | **Source and date of publications** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |

**Annexure III**

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| **Indexed journal/ Peer reviewed journal** |
| **S.No** | **Title of Articles** | **Author** | **Source and date of publications** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |