

**INSTITUTE OF INDIGENOUS MEDICINE**

**UNIVERSITY OF COLOMBO**

**FORM OF APPLICATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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.

|  |  |
| --- | --- |
| 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/ Chapter  Annexure II- Abstract  Annexure III- Indexed journal/ Peer reviewed journal  Annexure IV- Other |

|  |  |
| --- | --- |
| 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.

|  |  |
| --- | --- |
| 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**

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

**Annexure II**

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

**Annexure III**

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