

08. Race :
(State whether Sinhala, Tamil, person of Indian Origin or Muslim)

09. Education :

| Schools Attended | From | | | To | | |
|------------------|------|-------|------|------|-------|------|
| | Year | Month | Date | Year | Month | Date |
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |

10. Qualifications- (All qualifications to be considered should be indicated in the application)

(a) University Education:
(Attach copies of certificates & transcripts)

| Degrees/Diplomas | Class | University | Date of Commencement | | | Effective Date | | | Duration |
|------------------|-------|------------|----------------------|-------|------|----------------|-------|------|----------|
| | | | Year | Month | Date | Year | Month | Date | |
| 1. | | | | | | | | | |
| 2. | | | | | | | | | |
| 3. | | | | | | | | | |
| 4. | | | | | | | | | |

(b) Professional Qualifications:
(Attach copies of certificates)

| Institution | Qualifications Obtained | Date of Commencement | | | Effective Date | | | Duration |
|-------------|-------------------------|----------------------|-------|------|----------------|-------|------|----------|
| | | Year | Month | Date | Year | Month | Date | |
| 1. | | | | | | | | |
| 2. | | | | | | | | |
| 3. | | | | | | | | |
| 4. | | | | | | | | |
| 5. | | | | | | | | |

(C) Postgraduate Qualifications.

(Attach copies of certificates)

| Postgraduate Degree/Diploma | University | By Course or By Research | Date of Commencement | | | Effective Date | | | Duration (Prescribed period of Registration) |
|-----------------------------|------------|--------------------------|----------------------|-------|------|----------------|-------|------|--|
| | | | Year | Month | Date | Year | Month | Date | |
| 1. | | | | | | | | | |
| 2. | | | | | | | | | |
| 3. | | | | | | | | | |
| 4. | | | | | | | | | |
| 5. | | | | | | | | | |

(d) Training/Workshops attended:

(Attach copies of certificates)

| Institution | Name of the Training Programme/Workshop | From | | | To | | | Duration |
|-------------|---|------|-------|------|------|-------|------|----------|
| | | Year | Month | Date | Year | Month | Date | |
| 1. | | | | | | | | |
| 2. | | | | | | | | |
| 3. | | | | | | | | |
| 4. | | | | | | | | |
| 5. | | | | | | | | |

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- 11. Any other academic distinctions scholarships, medals, prizes etc.:**
 (indicate the Institution from which such awards have been obtained)
 (Attach copies of certificates)

(b) If you have obtained no-pay leave during this period, state reasons and the period of such leave :

16. Extra Curricular activities :
(If space is insufficient, please use separate sheet of same size)

| | | | |
|--|-----------|---|-------|
| Sports | Event | Achievements | Level |
| | | | |
| Other Certificates | Subject | Level | |
| | | | |
| Positions held in Professional Body/Societies/Organizations/etc. | Positions | Professional Body/Society//Organization | |
| | | | |
| Achievements | | | |

17. (Names of two non related referees with addresses and Contact Nos.)

| Name | Designation | Address | Contact No: Email Address |
|------|-------------|---------|------------------------------|
| 1. | | | |
| 2. | | | |

I do hereby certify that 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

For Internal Applicants Only.

**Secretary,
University Grants Commission.**

Application is recommended and forwarded. I certify that the particulars given in numbers 01 to 14 of this application are correct according to the applicant's personnel file and if he / she is selected for the said post he / she can be / cannot be released.

Remarks if any :

**Vice-Chancellor/Secretary/Registrar
Rector/Director/SAS/Personnel/UGC**

Institute:.....

Date:

For public Service/ Corporation/ Statutory Board Candidates only

**Secretary,
University Grants Commission.**

Application is recommended and forwarded. I certify that the particulars given in numbers 01 to 14 of this application are correct according to the applicant's personnel file and if he / she is selected for the said post he / she can be / cannot be released.

Remarks if any :

.....
**Signature of the Head of the
Governing Body & Official Stamp**

Name :.....

Designation :.....

Date :.....