

POSTGRADUATE INSTITUTE OF AGRICULTURE UNIVERSITY OF PERADENIYA SRI LANKA

FORM OF APPLICATION

	POST APPLIED FOR:				
1.	Name in Full: Rev./Mr./Mrs./Miss [Underline Surname] [If registered as a student in a University under any other name, please indicate such name within brackets]				
2.	Postal Address [Any change should be communicated immediately]				
3.	Contact Telephone No & Email Address				
4.	Date of Birth & Age [Please attach copy of Birth Certificate]				
5.	Nationality –				
6.	Civil Status-				
7.	Whether Citizen of Sri Lanka- [State whether by descent or by registration; if by registration, give reference number and date of certificate of citizenship]				

8.	Educational Qualifications [Please attach copies of all relevant certificates]					
	University EducationDegree/Diploma, etc. & Name of theFrom Name of theCourse Followed Results (Class)University					
9.	Special Qualifications [Professional, etc. – Please attach copies of all relevant certificates]					
10.	Postgraduata Qualifications					
10.	Postgraduate Qualifications [State whether by course work or research, duration and effective date – Please attach copies of all					
	relevant certificates]					
11.	Academic Distinctions, Scholarships, Medals, Prizes, etc.,					
	[Indicate the Institution from which such awards have been obtained – Please attach copies of relevant certificates]					
12.	Research Publications, if any [If space is insufficient, please use a separate sheet]					
	[II space is insufficient, please use a separate sheet]					
13.	Proficiency on Languages : Highest Examination passed in,					
	Sinhala -					
	Tamil					
	English -					
1.4						
14.	(a) Present Occupation: 1. Post:					
	2. Date of appointment to such post:					
	3. Whether confirmed in the present post:					
	4. Place of work:					
	5. Salary scale of the post:					
	6. Present salary:					

	(b) Previous Employment, if any (with experience), with dates and periods							
		artment	<u>t/</u>	<u>Post</u>		From	<u>To</u>	Reasons for
	<u>Insti</u>	tution						Leaving
		•	• 6					
	Exp	erience	e, if any					
	(c)	Partic	culars of Bond	Obligations	to Higher	Education	nal Institut	tions/Institutes
		if any	: NO OBLIC	GATIONS.				
		(i)	Obligatory Pe					
		(ii)	Amount Due	: <u>-</u> -				
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15 .			lations/Punis		-			
	Dur	ring yo	ur career in	the Universi	ty/			
	Inst	itutior	1.					
1.6	TD- 4	C	i 1 1					
10.	Ext	ra-Cui	rricular Activ	vities				
17 .	Any	other	relevant par	ticulars				
			d above]					

18.	Names of two Non related referees [With positions and addresses]								
	<u>Name</u>	<u>Address</u>							
19.	Where a period of experience is a requirement for the post applied, state period of such experience with details: [Please attach copies of relevant certificates]								
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							

[TO BE COMPLETED BY THE HEAD OF THE DEPARTMENT WHE APPLICABLE]			
(a) Is the applicant on probation?	Yes / No		
(b) Was any disciplinary action taken the applicant?	against Yes / No		
(c) I recommend/ not recommend the	application.		
Date	Signature of Head of Department		
Note: If space not sufficient to enter the attach to the end.	e details under each column use a separate sheet and		

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