

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
	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.	Educ	ational Qua	alificatio	ns [Ple	ase attach d	copies of all relevant c	ertificates]
	Degre	rsity Educations: ce/Diploma, eto of the rsity		<u>om</u>	<u>To</u>	Course Followed	Date of Final Exam & Results (Class)
9.	Special Qualifications [Professional, etc. – Please attach copies of all relevant certificates]						
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10.	[State		ourse work		rch, duratio	on and effective date –	Please attach copies of all
	Televa	nt certificates]					
11.	Acad	lemic Distin	ctions, S	Scholar	ships, M	edals, Prizes, etc.,	
	. Academic Distinctions, Scholarships, Medals, Prizes, etc., [Indicate the Institution from which such awards have been obtained – Please attach copies relevant certificates]						
12.		arch Public				41	
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13.	Proficiency on Languages: Highest Examination passed in,						
		Sinhala	_				
		Tamil					
		English	-				
1.1	(a)	D	4:				
14.	(a)	Present Occ 1. Post:	cupation	•			
		2. Date of a	appointn	nent to s	such post	:	
		3. Whether	r confirm	ned in tl	ne present	post:	
		4. Place of	work :				
		5. Salary so	ale of the	e post :			
		6. Present s	salary :				

	(b) Previous Employment, if any (with experience), with dates and periods							
	Depa	<u>artment</u>	t/ Institution	<u>Post</u>		From	<u>To</u>	Reasons for
								Leaving
	Exp	erience	e, if any					
	Р	01101100	, <u></u>					
	(c)	Partic	culars of Rone	d Ohligations	to Higher	Education	al Institut	ions/Institutes
	(C)		: NO OBLI		to Higher	Luucation	ai msiitut	ions/mstitutes
		ii aiiy	. NO ODLI	GATIONS.				
		(i)	Obligatory Pe	eriod :-				
		(ii)	Amount Due					
		(11)		· -				
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15.	Con	nmend	lations/Punis	shments, if a	ny,			
	Dur	ing yo	ur career in	the Univers	ity/			
		titution			•			
		nunoi	1.					
16 .	Ext	ra-Cui	rricular Acti	vities				
17 .	Any	y other	relevant pai	rticulars				
	[Not	include	d above]					

18.	Names of two Non related referees [With positions and addresses]							
	<u>Name</u>	Address						
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						

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

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