



**INSTITUTE OF HUMAN RESOURCE ADVANCEMENT
UNIVERSITY OF COLOMBO**

APPLICATION FOR THE POST OF
(Application for the Internal Applicants)

01. (a) Name with Initials:
(Whether Mr/ Mrs/ Miss)

(b) Names denoted by Initials:

02. Postal Address: (Permanent)

(Temporary)

03. Place of work:

04. Date of Birth: Age as at the closing Date
Year: Month: Date:
(Attach copy of Birth Certificate)

05. Nationality:

06. Civil Status:

07. Contact No: E-mail Address:

08. State Whether a citizen of Sri Lanka by
Descent or Registration.
If by registration, give Registration No.
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09. District:

10. Educational Qualifications (Attach copies of Certificates)

(a) (G.C.E. O/L)

1 st Sitting - Year:		2 nd Sitting - Year:	
Subjects Passed	Grade	Subjects Passed	Grade

(b) (G.C.E. A/L)

1 st Sitting - Year:		2 nd Sitting - Year:	
Subjects Passed	Grade	Subjects Passed	Grade

(c) Higher Education (Attach copies of Certificates)

University/Name of Higher Educational Institution/Institute	Course/Degree followed	Duration	Class and Grade	Date of final examination

11. Professional Qualification (Detail with the Date of obtaining such Qualification) *Attach copies of Certificates.*

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12. Highest Examination passed in Sinhala / Tamil and English

- (i) Sinhala/ Tamil:
- (ii) English:

13. Where a period of experience is a requirement for the post applied state period of such Experiences (*Attach copies of Certificates*)

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14. Present Occupation

Post:	
Date of appointment:	
Whether confirmed in the post:	
Place of work:	
Salary Scale:	
Present Salary:	
Basic:	
Allowances:	

15. Previous appointments including those under training if any with dates:

Department/ Institution	Post	Salary Scale	From - To

16. Any other relevant Particulars:

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I certify that all Particulars stated by me in this application are true and accurate. I am aware that if these particulars are found to be false or inaccurate prior to my selection, my application will be rejected and that if particulars are found to be false or inaccurate after to selection, I will be dismissed from service without compensation.

Date:.....

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Signature of applicant

Recommendation of the Head of the Department/ Division:

This applicant could be/could not be released from this University/Institution if selected for an appointment.

Date

Signature of the Head of the Department/ Division

Recommendation of the Dean of the Faculty (If relevant):

This applicant could be/could not be released from this University/Institution if selected for an appointment.

Signature of the Dean of the Faculty

Date

To be filled by the Non-Academic Establishment Branch

I certify that the particulars given in Column 01 – 16 of the application are correct according to the applicant's personal file.

**Signature of the Senior Assistant Registrar/Deputy Registrar
Non-Academic Establishment Branch**

Recommendation of the Secretary/Registrar/Director/Director

I certify thatis a permanent employee of this University/Institute/Campus. He/ She could be released/could not be released from the University/Institution/Campus, if selected for this appointment.

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Signature of the Secretary/Registrar/Director/Rector