



UNIVERSITY COLLEGE OF KULIYAPITIYA
UNIVERSITY OF VOCATIONAL TECHNOLOGY SRI LANKA

**APPLICATION FORM (LECTURER(PROBA.)/SENIOR LECTURER
 GRADE II)**

POST APPLIED FOR:				No of An nex				
1.Name in full [Underline Surname] [If registered as a student in this University under any other name, please indicate such name within brackets]		Dr/Rev/Mr/Mrs/Ms.						
2.Postal Address <i>[Any change should be communicated immediately]</i>								
3. Contact Details: i. Telephone ii. Mobile iii. e-mail iv. What's App								
4.Date of Birth and Age <i>[Please Attach copy of Birth Certificate]</i>								
5.National Identity Card No:								
6.Civil Status								
7.Whether a Citizen of Sri Lanka <i>State whether by descent or by registration: if by registration, give reference number and date of Certificate of citizenship]</i>								
8.Educational Qualifications								
8.1	School Education		Year	Result				
	i. G.C.E A/L							
	ii. G.C.E O/L							
	iii.							
8.2 University Education-Undergraduate and Postgraduate								
	Name of the University	Degree/Diploma	Course Followed	Result Class	From	To	Effective Date	
i.								
ii.								
iii.								
iv.								

9. Professional Qualifications						
i.						
ii.						
iii.						
10.Academic Distinctions, Scholarships, Medals, Prizes etc. <i>[Indicate the institution from which such awards have been obtained-Please attach copies of all relevant certificates]</i>						
	Award			Institution		
1.						
2.						
3.						
4.						
11.Proficiency of Languages <i>[Indicate the institution from which such awards have been obtained-Please attach copies of all relevant certificates]</i>						
	Language			Highest Examination passed		
1.	Sinhala					
2.	Tamil					
3.	English					
4.	Other (Specify)					
12.(a) Present Occupation and Salary Drawn						
	Institution		Occupation		Salary drawn	
13.(b)Previous Employments with Dates						
	Institution	Post	From	To	Reasons for leaving	
1.						
2.						
3.						
4.						
5.						
6.						
14.Administrative/Financial/any other relevant Experience ,if any						

15.Particularsof Bond Obligations to Higher Education all Institutions/Institutes if any:			
	Institution	Obligatory service period	Bond amount due
1.			
2.			
3.			
4.			
16.Commendations/Punishments during your career Yes ☐ No ☐			
If yes please provide details			
17.Research work experience/ Publications/Patents and Awards			
18.Extra-CurricularActivities			
19.Any other relevant particulars <i>[Not included above]</i>			
20. Have you ever been convicted by a court of law? Yes ☐ No ☐			
If yes please provide details			

21. Have you worked at University of Vocational Technology /any of the University Colleges before? Yes ☐ No ☐

	Post	From	To	Reasons for leaving
01				
02				
03				

Any of your family member, friends or any other relative is currently working at University of Vocational Technology/ any of the University Colleges? Yes ☐ No ☐

	Name	Designation	Relationship
01			
02			
03			

22.Names of two Non related referees

	Name	Address
1.		
2.		

I hereby certify that the particulars submitted by me in this application are true and accurate. I am aware that 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 the applicant

Checklist. *[Please attach only the relevant documents to the post you applied]*

- | | | |
|--|----------|--------------------------------------|
| 01. Duly Filled Application Form | | ☐ (Make tick) |
| 02. Copy of the Birth Certificate | Annex No | <input type="text"/> |
| 03. Copy of the National Identity Card | Annex No | <input type="text"/> |
| 04. Copy of the Result Sheet of G.C.E.O/L | Annex No | <input type="text"/> |
| 05. Copy of the Result Sheet of G.C.E.A/L | Annex No | <input type="text"/> |
| 06. Copy of the Degree Certificate | Annex No | <input type="text"/> |
| 07. Copy of the Academic Transcript | Annex No | <input type="text"/> |
| 08. Copies of the Certificates of Post Graduate courses | Annex No | <input type="text"/> |
| 09. Copies of the Certificate of the Professional Qualifications | Annex No | <input type="text"/> |
| 10. Copies of the Service Letters | Annex No | <input type="text"/> |
| 11. Total Number of Attachments | | <input type="text"/> |

(If there are more than 1 documents to be attached to any category please annex as follows,

Eg: Three (03) Service Letters,

10i, 10ii, 10iii)

[TO BE COMPLETED BY THE HEAD OF THE INSTITUTE WHERE APPLICABLE]

Director/ CEO

University College of Kuliyaitya

The application of Dr/Rev/Mrs/Mr/Ms... ..is by forwarded for

consideration of the post of Please note that if selected, action will be

taken to release him/her from the service of.....

.....
Date

.....
**Signature of Head of the Institution
With the Official Stamp**



UNIVERSITY COLLEGE OF KULIYAPITIYA
UNIVERSITY OF VOCATIONAL TECHNOLOGY

APPLICATION FORM FOR DEMONSTRATOR

POST APPLIED FOR:				No. of Annex				
1.Name in full [Underline Surname] [If registered as a student in this University under any other name. please indicate such name within brackets]		Dr/Rev/Mr/Mrs/Ms.						
2.Postal Address <i>[Any change should be communicated immediately]</i>								
3. Contact Details: i. Telephone ii. Mobile iii. e-mail iv. What's App								
4.Date of Birth and Age <i>[Please Attach copy of Birth Certificate]</i>								
5.National Identity Card No:								
6.Civil Status								
7.Whether a Citizen of Sri Lanka <i>State whether by descent or by registration: if by registration, give reference number and date of Certificate of citizenship]</i>								
8.Educational Qualifications								
8.1	School Education	Year	Result					
i.	G.C.E A/L							
ii.	G.C.E O/L							
iii.								
8.2	University Education-Undergraduate and Postgraduate							
	Name of the University	Degree/Diploma	Course Followed	Result Class	From	To	Effective Date	
i.								
ii.								
iii.								
iv.								

9. Professional Qualifications						
i.						
ii.						
iii.						
10.Academic Distinctions, Scholarships, Medals, Prizes etc. <i>[Indicate the institution from Which such awards have been obtained-Please attach copies of all relevant certificates]</i>						
	Award			Institution		
1.						
2.						
3.						
4.						
11.Proficiency of Languages <i>[Indicate the institution from which such awards have been obtained-Please attach copies of all relevant certificates]</i>						
	Language			Highest Examination passed		
1.	Sinhala					
2.	Tamil					
3.	English					
4.	Other (Specify)					
12.(a) Present Occupation and Salary Drawn						
	Institution		Occupation		Salary drawn	
13.(b)Previous Employments with Dates						
	Institution	Post	From	To	Reasons for leaving	
1.						
2.						
3.						
4.						
5.						
6.						
14.Administrative/Financial/any other relevant Experience ,if any						

15.Particularsof Bond Obligations to Higher Education all Institutions/Institutes if any:			
	Institution	Obligatory service period	Bond amount due
1.			
2.			
3.			
4.			

16.Commendations/Punishments during your career Yes ☐ No ☐

If yes please provide details

17.Extra-CurricularActivities

18.Any other relevant particulars *[Not included above]*

19. Have you ever been convicted by a court of law? Yes ☐ No ☐

If yes please provide details

20. Have you worked at University of Vocational Technology /any of the University Colleges before? Yes ☐ No ☐

	Post	From	To	Reasons for leaving
01				
02				
03				

Any of your family member, friends or any other relative is currently working at University of Vocational Technology/ any of the University Colleges? Yes ☐ No ☐

	Name	Designation	Relationship
01			
02			
03			

21.Names of two Non related referees

	Name	Address
1.		
2.		

I hereby certify that the particulars submitted by me in this application are true and accurate. I am aware that 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 the applicant

Checklist. *[Please attach only the relevant documents to the post you applied]*

- | | | |
|--|----------|--------------------------------------|
| 01. Duly Filled Application Form | | ☐ (Make tick) |
| 02. Copy of the Birth Certificate | Annex No | <input type="text"/> |
| 03. Copy of the National Identity Card | Annex No | <input type="text"/> |
| 04. Copy of the Result Sheet of G.C.E.O/L | Annex No | <input type="text"/> |
| 05. Copy of the Result Sheet of G.C.E.A/L | Annex No | <input type="text"/> |
| 06. Copy of the Degree Certificate | Annex No | <input type="text"/> |
| 07. Copy of the Academic Transcript | Annex No | <input type="text"/> |
| 08. Copies of the Certificates of Post Graduate courses | Annex No | <input type="text"/> |
| 09. Copies of the Certificate of the Professional Qualifications | Annex No | <input type="text"/> |
| 10. Copies of the Service Letters | Annex No | <input type="text"/> |
| 11. Total Number of Attachments | | <input type="text"/> |

(If there are more than 1 documents to be attached to any category please annex as follows,
Eg: Three (03) Service Letters,
10i, 10ii, 10iii)

[TO BE COMPLETED BY THE HEAD OF THE INSTITUTE WHERE APPLICABLE]

Director/ CEO

University College of Kuliapitiya

The application of Dr/Rev/Mrs/Mr/Ms..... is by forwarded for
consideration of the post of Please note that if selected, action will be
taken to release him/her from the service of.....

.....
Date

.....
Signature of Head of the Institution
With the Official Stamp



කුලියාපිටිය විශ්වවිද්‍යාල විද්‍යායතනය
විද්‍යාගාර සහයක සඳහා වන ආදර්ශ අයදුම්පත්‍රය

තනතුර:						
01	සම්පූර්ණ නම:					
02	මුලකුරු සමග නම:					
03	ලිපිනය:					
04	දුරකථන:			ජංගම දුරකථන:		
05	ෆැක්ස්:			ඊ මේල් ලිපිනය:		
05	ජාතික හැඳුනුම්පත් අංකය:					
06	උපන් දිනය:	වසර:	මාසය:	දිනය:		
07	අයදුම් පත්‍ර භාරගන්නා අවසන් දිනට වයස:	වසර:	මාසය:	දිනය:		
08	විවාහක/අවිවාහක බව:					
09	පුරවැසිභාවය:					
10	අධ්‍යාපන සුදුසුකම්:					
	i. අපොස. (සාපො.)					
	පාසලේ නම	වසර	විෂයයන්	සාමාර්ථය	විෂයයන්	සාමාර්ථය
ii. අපොස. (උපො.)						
පාසලේ නම	පාසලේ නම	විෂයයන්	සාමාර්ථය	විෂයයන්	සාමාර්ථය	

11	වෘත්තීය සුදුසුකම්:		
	ආයතනය	විස්තරය	වසර

12	වෙනත් සහතික පත්‍ර								
	සහතිකය		අංශය		ආයතනය		වසර		
13	වෘත්තීය පළපුරුද්ද								
	තනතුර		ආයතනය		කාර්යයන්		කාලය		
							සිට	දක්වා	
14	භාෂා නිපුණතාව (නියමිත කොටුවෙහි √ ලකුණ යොදන්න)								
	භාෂාව	ලිඛිත				කථන			
		ඉතා හොඳයි	හොඳයි	සාමාන්‍ය	දුර්වල	ඉතා හොඳයි	හොඳයි	සාමාන්‍ය	දුර්වල
	සිංහල								

	දෙමළ								
	ඉංග්‍රීසි								
	වෙනත්								
15	වෙනත් විශේෂ දක්ෂතා:								
16	රැකියාවට තෝරාගතහොත් රැකියාවට වාර්තා කළහැකි දිනය:								
17	අයදුම්කරු පිළිබඳව විස්තර සැපයිය හැකි දෙදෙනෙකුගේ විස්තර: (ලිපිනය හා දුරකථන අංක සමග)								
	1. ලිපිනය දුර: අංක: ටී මේල්: ෆැක්ස්								
	2. ලිපිනය දුර: අංක: ටී මේල්: ෆැක්ස්								
18	අයදුම්කරුගේ සහතිකය : (අ) මෙම ඉල්ලුම් පත්‍රයේ මා විසින් සපයා ඇති තොරතුරු මා දන්නා තරමින් සත්‍ය හා නිවැරදි බව ගෞරවයෙන් ප්‍රකාශ කර සිටිමි. මෙහි යම් කොටස් සම්පූර්ණ නොකිරීමෙන් සහ/හෝ වැරදි ලෙස සම්පූර්ණ කිරීමෙන් සිදුවිය හැකි අලාභය විඳි දරා ගැනීමට එකඟ වෙමි. තව ද මෙහි සියලුම කොටස් මා දන්නා තරමින් නිවැරදිව සම්පූර්ණ කර ඇති බව ද ප්‍රකාශ කරමි. දිනය : අයදුම්කරුගේ අත්සන								

19	අයදුම්කරු මධ්‍යම රජයේ හෝ පළාත් රාජ්‍ය සේවයේ සේවකයකු නම් දෙපාර්තමේන්තු / අමාත්‍යාංශ ප්‍රධානියාගේ සහතිකය : මෙම ඉල්ලුම්කරු වන..... මහතා / මහත්මිය / මෙනවිය දැනට මෙම අමාත්‍යාංශයේ / දෙපාර්තමේන්තුවේ වශයෙන් ස්ථීර/තාවකාලික/අනියම් සේවකයකු/සේවිකාවක ලෙස සේවය කරන බවත්, ඔහු/ඇය මෙම තනතුර සඳහා තෝරාගනු ලැබුවහොත් සේවයෙන් නිදහස් කළ හැකි/නොහැකි බවත් දන්වමි. ආයතන ප්‍රධානියාගේ අත්සන. (නිල මුද්‍රාව) නම : තනතුර : ලිපිනය: දිනය :
----	---



UNIVERSITY COLLEGE OF KULIYAPITIYA
UNIVERSITY OF VOCATIONAL TECHNOLOGY SRI LANKA

APPLICATION FORM FOR ASSISTANT LIBRARIAN

POST APPLIED FOR:				No of An nex				
1.Name in full [Underline Surname] [If registered as a student in this University under any other name. please indicate such name within brackets]		Dr/Rev/Mr/Mrs/Ms.						
2.Postal Address <i>[Any change should be communicated immediately]</i>								
3. Contact Details: i. Telephone ii. Mobile iii. e-mail iv. What's App								
4.Date of Birth and Age <i>[Please Attach copy of Birth Certificate]</i>								
5.National Identity Card No:								
6.Civil Status								
7.Whether a Citizen of Sri Lanka <i>State whether by descent or by registration: if by registration, give reference number and date of Certificate of citizenship]</i>								
8.Educational Qualifications								
8.1	School Education	Year	Result					
	i. G.C.E A/L							
	ii. G.C.E O/L							
	iii.							
8.2 University Education-Undergraduate and Postgraduate								
	Name of the University	Degree/Diploma	Course Followed	Result Class	From	To	Effective Date	
i.								
ii.								
iii.								
iv.								

9. Professional Qualifications						
i.						
ii.						
iii.						
10.Academic Distinctions, Scholarships, Medals, Prizes etc. <i>[Indicate the institution from Which such awards have been obtained-Please attach copies of all relevant certificates]</i>						
	Award			Institution		
1.						
2.						
3.						
4.						
11.Proficiency of Languages <i>[Indicate the institution from which such awards have been obtained-Please attach copies of all relevant certificates]</i>						
	Language			Highest Examination passed		
1.	Sinhala					
2.	Tamil					
3.	English					
4.	Other (Specify)					
12.(a) Present Occupation and Salary Drawn						
	Institution		Occupation		Salary drawn	
13.(b)Previous Employments with Dates						
	Institution	Post	From	To	Reasons for leaving	
1.						
2.						
3.						
4.						
5.						
6.						
14.Administrative/Financial/any other relevant Experience ,if any						

15.Particularsof Bond Obligations to Higher Education all Institutions/Institutes if any:			
	Institution	Obligatory service period	Bond amount due
1.			
2.			
3.			
4.			

16.Commendations/Punishments during your career Yes ☐ No ☐

If yes please provide details

17.Research work experience/ Publications/Patents and Awards

18.Extra-CurricularActivities

19.Any other relevant particulars *[Not included above]*

20. Have you ever been convicted by a court of law? Yes ☐ No ☐

If yes please provide details

21. Have you worked at University of Vocational Technology /any of the University Colleges before? Yes ☐ No ☐

	Post	From	To	Reasons for leaving
01				
02				
03				

Any of your family member, friends or any other relative is currently working at University of Vocational Technology/ any of the University Colleges? Yes ☐ No ☐

	Name	Designation	Relationship
01			
02			
03			

22.Names of two Non related referees

	Name	Address
1.		
2.		

I hereby certify that the particulars submitted by me in this application are true and accurate. I am aware that 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 the applicant

Checklist. *[Please attach only the relevant documents to the post you applied]*

- | | | |
|--|----------|--------------------------------------|
| 01. Duly Filled Application Form | | ☐ (Make tick) |
| 02. Copy of the Birth Certificate | Annex No | <input type="text"/> |
| 03. Copy of the National Identity Card | Annex No | <input type="text"/> |
| 04. Copy of the Result Sheet of G.C.E.O/L | Annex No | <input type="text"/> |
| 05. Copy of the Result Sheet of G.C.E.A/L | Annex No | <input type="text"/> |
| 06. Copy of the Degree Certificate | Annex No | <input type="text"/> |
| 07. Copy of the Academic Transcript | Annex No | <input type="text"/> |
| 08. Copies of the Certificates of Post Graduate courses | Annex No | <input type="text"/> |
| 09. Copies of the Certificate of the Professional Qualifications | Annex No | <input type="text"/> |
| 10. Copies of the Service Letters | Annex No | <input type="text"/> |
| 11. Total Number of Attachments | | <input type="text"/> |

(If there are more than 1 documents to be attached to any category please annex as follows,

Eg: Three (03) Service Letters,
10i, 10ii, 10iii)

[TO BE COMPLETED BY THE HEAD OF THE INSTITUTE WHERE APPLICABLE]

Director/ CEO

University College of Kuliyaitya

The application of Dr/Rev/Mrs/Mr/Ms..... is by forwarded for
consideration of the post of Please note that if selected, action will be
taken to release him/her from the service of.....

.....
Date

.....
**Signature of Head of the Institution
With the Official Stamp**



UNIVERSITY COLLEGE OF KULIYAPITIYA
UNIVERSITY OF VOCATIONAL TECHNOLOGY



UNIVERSITY COLLEGE OF
KULIYAPITIYA

APPLICATION FORM FOR MANAGEMENT ASSISTANT

POST:						
NAME OF THE UNIVERSITY COLLEGE:						
01	Full Name:					
02	Name with Initials:					
03	Permanent Address:					
04	Tel:			Mobile:		
	Fax:			E-mail:		
05	National Identity Card No:					
06	Date of Birth:		Year:	Month:	Day:	
07	Age as at Closing Date of Application:		Years:	Months:	Days:	
08	Marital Status:					
09	Citizenship:					
10	Details of Secondary Education:					
	(i) G.C.E (O/L)					
	Name of School/ College	Year	Subjects	Results	Subjects	Results
	(ii) G.C.E. (A/L)					
	Name of School/ College	Year	Subjects	Results	Subjects	Results

11	Higher Educational Qualifications [First Degree and Postgraduate Degree (s)]						
	University / Institution	Degree	Class	Special/ Hons or General Degree	Core Subject/ Subjects	From-To	Effective Date of Degree

12	Professional Training			
	Institution	Training Program	Training Outcome	Period

13	Professional Qualifications / Chartered / Licentiate/ Corporate Membership etc.			
	Institution	Filed/ Specialization	Name of the Institution/ University	Year of Awarded

14	Certificates (if any)			
	Course/Certificate	Field	Name of the Institution/ University	Year

15	Any other academic distinctions scholarships, medals, prizes: (indicate the Institution from which such awards have been obtained)								
16	Publications: (Attach the list of research publications)								
	Subject Relevancy: (Please Mark '✓' in the relevant cage) Yes ☐ No ☐								
	Creativity (patents)								
17	Current Employment:								
	Post	Designation	Employer	Brief Description of Duties	From (dd/mm/yyyy)				
18	Previous Working Experience in Teaching/ Research/ Professional Work (in reverse order)								
	Post	Designation	Institution	Brief Description of Duties	Period				
					From (dd/mm/yyyy)	To (dd/mm/yyyy)			
19	Proficiency in Languages (Please Mark '✓' in the relevant cage)								
	Language	Written				Spoken			
		Very Good	Good	Satisfactory	Week	Very Good	Good	Satisfactory	Week
		Sinhala							
		Tamil							
		English							
		Other							

20	Skills in Computing & Information Technology					
	Qualification	Institution	year	Skills acquired		
21	Leadership/ Management experience:					
22	Extra-Curricular Activities/ Community Services:					
23	Special Skills:					
24	Sports/ Awards/ Accolades:					
25	Are you under any obligatory National Service (If yes, specify):					
26	Minimum Notice Period:					
27	Names of two persons (with addresses and contact numbers) to whom reference can be made: <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> Name 1. Tel. No: E-mail: 2. Tel. No: E-mail: </td> <td style="width: 50%; vertical-align: top;"> Position and Address Fax: Fax: </td> </tr> </table>				Name 1. Tel. No: E-mail: 2. Tel. No: E-mail:	Position and Address Fax: Fax:
Name 1. Tel. No: E-mail: 2. Tel. No: E-mail:	Position and Address Fax: Fax:					
28	I hereby declare that the particulars furnished by me in this application are true and accurate. I am also aware that if any particulars herein are found to be false or incorrect, I am liable to disqualification if the inaccuracy is discovered before the selection and dismissal without any compensation if the inaccuracy is discovered after the appointment. Signature of the ApplicantDate					

29	For Public / Corporate Sector Candidates
	Application for the post of.....submitted by is forwarded herewith. If he/she is selected for the said post, he/ she can/ cannot be released. Date: Signature of the Head of Institution (Please place the official seal of the Head of Institution)
	Notes;
(i)	If the space above are not sufficient, please use extra sheets, when & where necessary.
(ii)	Indicate the list of documents attached with the application form.
	(a)
	(b)
	(c)
(iii)	Please mark with “---” in the relevant cage, if you have nothing to mention/ report.



කුලියාපිටිය විශ්වවිද්‍යාල විද්‍යායතනය
කාර්යාල කාර්ය සහයක සඳහා වන ආදර්ශ අයදුම්පත්‍රය

තනතුර:						
01	සම්පූර්ණ නම:					
02	මුලකුරු සමඟ නම:					
03	ලිපිනය:					
04	දුරකථන:			ජංගම දුරකථන:		
05	ෆැක්ස්:			ඊ මේල් ලිපිනය:		
05	ජාතික හැඳුනුම්පත් අංකය:					
06	උපන් දිනය:	වසර:	මාසය:	දිනය:		
07	අයදුම් පත්‍ර භාරගන්නා අවසන් දිනට වයස:	වසර:	මාසය:	දිනය:		
08	විවාහක/අවිවාහක බව:					
09	පුරවැසිභාවය:					
10	අධ්‍යාපන සුදුසුකම්:					
	i. අපොස. (සාපො.)					
	පාසලේ නම	වසර	විෂයයන්	සාමාර්ථය	විෂයයන්	සාමාර්ථය
ii. අපොස. (උපො.)						
පාසලේ නම	පාසලේ නම	විෂයයන්	සාමාර්ථය	විෂයයන්	සාමාර්ථය	

11	වෘත්තීය සුදුසුකම්:		
	ආයතනය	විස්තරය	වසර

12	වෙනත් සහතික පත්‍ර								
	සහතිකය		අංශය		ආයතනය		වසර		
13	වෘත්තීය පළපුරුද්ද								
	තනතුර		ආයතනය		කාර්යයන්		කාලය		
							සිට	දක්වා	
14	භාෂා නිපුණතාව (නියමිත කොටුවෙහි √ ලකුණ යොදන්න)								
	භාෂාව	ලිඛිත				කථන			
		ඉතා හොඳයි	හොඳයි	සාමාන්‍ය	දුර්වල	ඉතා හොඳයි	හොඳයි	සාමාන්‍ය	දුර්වල
	සිංහල								

	දෙමළ								
	ඉංග්‍රීසි								
	වෙනත්								
15	වෙනත් විශේෂ දක්ෂතා:								
16	රැකියාවට තෝරාගතහොත් රැකියාවට වාර්තා කළහැකි දිනය:								
17	අයදුම්කරු පිළිබඳව විස්තර සැපයිය හැකි දෙදෙනෙකුගේ විස්තර: (ලිපිනය හා දුරකථන අංක සමග)								
	1. ලිපිනය දුර: අංක: ෆැක්ස් ටී මේල්:								
	2. ලිපිනය දුර: අංක: ෆැක්ස් ටී මේල්:								
18	අයදුම්කරුගේ සහතිකය : (අ) මෙම ඉල්ලුම් පත්‍රයේ මා විසින් සපයා ඇති තොරතුරු මා දන්නා තරමින් සත්‍ය හා නිවැරදි බව ගෞරවයෙන් ප්‍රකාශ කර සිටිමි. මෙහි යම් කොටස් සම්පූර්ණ නොකිරීමෙන් සහ/හෝ වැරදි ලෙස සම්පූර්ණ කිරීමෙන් සිදුවිය හැකි අලාභය විඳි දරා ගැනීමට එකඟ වෙමි. තව ද මෙහි සියලුම කොටස් මා දන්නා තරමින් නිවැරදිව සම්පූර්ණ කර ඇති බව ද ප්‍රකාශ කරමි. දිනය : අයදුම්කරුගේ අත්සන								

19	අයදුම්කරු මධ්‍යම රජයේ හෝ පළාත් රාජ්‍ය සේවයේ සේවකයකු නම් දෙපාර්තමේන්තු / අමාත්‍යාංශ ප්‍රධානියාගේ සහතිකය : මෙම ඉල්ලුම්කරු වන..... මහතා / මහත්මිය / මෙනවිය දැනට මෙම අමාත්‍යාංශයේ / දෙපාර්තමේන්තුවේ වශයෙන් ස්ථීර/තාවකාලික/අනියම් සේවකයකු/සේවිකාවක ලෙස සේවය කරන බවත්, ඔහු/ඇය මෙම තනතුර සඳහා තෝරාගනු ලැබුවහොත් සේවයෙන් නිදහස් කළ හැකි/නොහැකි බවත් දන්වමි. ආයතන ප්‍රධානියාගේ අත්සන. (නිල මුද්‍රාව) නම : තනතුර : ලිපිනය: දිනය :
----	---

