

NATIONAL CENTRE FOR ADVANCED STUDIES IN HUMANITIES & SOCIAL SCIENCES



6A, SUKHASTAN GARDENS, WARD PLACE, COLOMBO-7

MINISTRY OF EDUCATION, HIGHER EDUCATION & VOCATIONAL EDUCATION

	FORM	OF	AP	PLIC	ATI	ON									
icatio	on to the Post of: Assistant	Ne	two	ork	Ma	nag	ger				-				
01. (a	n) Name with initials :														
(b	o) Names denoted by Initials:														
02.	Whether Rev./Mr./Mrs./Miss										- 121 Car Car Car Car		#		
03.	(a) Postal Address	0													
	(Any change should be communicated immediately)											_			
	(b) Contact Telephone No.	•											I	L_	
	(c) E-mail Address:														
04.	National Identity Card No.	0 0												<u></u>	
05.	(a) Date of Birth	G G		Ye	ar	N	Tonth		Da	ite		DA KOU TOOL HAND COO	MO WY SEE MAN	ami vizi turi içen üçri t	NG HIS AND
	(b) Age as at the closing date of applications			Yea	ars	M	Ionth	S	Da	ıys					
06.	Civil Status	0 6					1 100 Min (se) 441 340								
07.	(a) Whether Citizen of Sri Lanka (State whether by decent or by registration) if by registration, give reference number & date			en den ver den den		au ma ann den ann 10	y july atta (se aja aja aja aja	TO THE STATE OF		42 CE CE 44 C	0 Wi 49 Wi 64 E	THE COLUMN TWO THE CO		on 45 M2 Ng An	:

(b)	Whether you have been convicted for a civil or criminal case previously:									
	If 'Yes' state further information									
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# 40 JE 40 JE 40 JE										
ΛΩ	Race :									
08.										
U8. 09.	(State whether Sinhala, Tamil, person of Ir	idian Ori	gin or M	uslim)	1 (100 fee) ees ees ees ees ees ees ees ees ees		i.			
	(State whether Sinhala, Tamil, person of In Education:	idian Ori	gin or M	uslim)		To				
09. [(State whether Sinhala, Tamil, person of In Education: Schools Attended	dian Ori		Date	Year	To Month	Date			
09.	(State whether Sinhala, Tamil, person of In Education:		From		Year		Date			
09.	(State whether Sinhala, Tamil, person of In Education: Schools Attended		From		Year		Date			
09.	(State whether Sinhala, Tamil, person of In Education: Schools Attended 1.		From		Year		Date			
09.	(State whether Sinhala, Tamil, person of In Education: Schools Attended 1. 2.		From		Year		Date			

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 nmence]	Effective Date	•	Duration
	J i			Year	Month	Date	Year	Month	Date	
1.										
2.										
3.		-								
4.						. ·				
						·		-		

(b) Professional Qualifications:

(Attach copies of certificates)

Institution	Qualifications Obtained	Con	Date on mence		. F	Effective Date	;	Duration	
1			Month		Year	Month	Date	2 42 40 10 11	
1.									
2.	.						·	·	
3.			,						
4.				·					
5.									

(C) Postgraduate Qualifications.

(Attach copies of certificates)

	Postgraduate	University	By Course or	Coi	Date of			Effective Date		Duration (Prescribed
	Degree/Diploma		By Research	Year	Month	Date	Year	Month	Date	period of Registration
1.						•				
2.									·	
3.		. '								
4.										
5.										

(d) Training/Workshops attended:

(Attach copies of certificates)

Institution	Name of the Training Programme/Workshop		From			То	Duration	
		Year	Month	Date	Year	Month	Date	Duration
1.								
2.								
3.			·					
4.						,		
T related Training/Workshops								

	Institution	Name of the Training Programme/Workshop		From			То	Duration	
		1 Togrammer Workshop	Year	Month	Date	Year	Month	Date	
1.									
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14.	(a)	Present Occu	pation :								
	•	1. Post			:						
		2. Date of app	pointment to su	ch post	:						
		3. Whether co	onfirmed in the	present p	ost :						
		4. Place of wo	ork with the Ad	dress	•						
		5. Salary Scal	le of the post		:						

a. Basic Salary:

b. Allowances:

6. Present Salary

Department/ Institution	Year	From	Perio	d of Se			Salary	
	Year						Salary	
	Year	Month			Scale	Duratio		
	1		Date	Year	Month	Date		
						·		

15. (a) Period of experience gained as at the closing date of Applications relevant to the post applied :

Years	Months	Days

(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)

	Event	Achievements	Level
Sports	·		
Sports			

	Subject	Level
Other Certificates		
	Positions	Professional Body/Society//Organization
Positions held in Professional Body/Societies/ Organizations/etc.		
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 G	rants Commission.
01 to 14 of th	is recommended and forwarded. I certify that the particulars given in numbers als application are correct according to the applicant's personnel file and if he / she is the said post he / she can be / cannot be released.
Remarks if a	ny:
	Vice-Chancellor/Secretary/Registrar Rector/Director/SAS/Personnel/UGC
	Institute:
Date:	•••••••••••••
For public So	ervice/ Corporation/ Statutory Board Candidates only
Secretary, University G	rants Commission.
01 to 14 of th	is recommended and forwarded. I certify that the particulars given in numbers is application are correct according to the applicant's personnel file and if he / she is he said post he / she can be / cannot be released.
Remarks if a	ny:
	•••••••••••
	Signature of the Head of the Governing Body & Official Stamp
Name	:
Designation	:
Date	: