APPLICATION FORM

UNIVERSITY COLLEGE OF MATARA

Post	t applied for:									
01	Name in Full:									
02	Name with Initials:									
03	Permanent Address:									
04	Tel (Residence): Mobiles:									
	Fax:				Er	nail:				
05	National Identi	ty Card No):							
06	Date of Birth:	Y	ear:		Month:		Day:			
07	Age as at 16.02.2020: Years:				Months: Days:					
08	Civil Status:									
09	Citizenship:									
10	Details of Seco	ndary Edu	cation							
	(i) G.C.E	(O/L)								
	Name of		Year	5	Subject		result	Subject		Result
	School/College									
	(ii) G.C.E. (A/L)									
	Name of		Year		Subject		result	Subject		Result
	School/College			_						
11	Einst Dagree at	d Doctoria	duata D	0070	a (a)					
11	First Degree and Postgraduate Degree (s)University/DegreesClassSpecialMainFrom –Effective									
	Institution	Degree	s CI	ass	or	Sul	oject/Subject	To		te of the
					Genera	Sul	S	10		Degree
					1		3			Jugice
					Degree					

10	Drofossional Quali	fications				
12	Professional Quali Institution	Examination passe	ed	Specialization	Year	of Passing
		1		1		
13	Any other Certific		٦T	6.1	X 7	
	Course/Certificat e	Field		me of the titution/University	Year	
				<u> </u>	,	
14	Any other Acadam	ia Distinctions				
14	Any other Acaden Scholarships, Med	als, Prizes, awards etc				
	(Indicate the instit awards have been	ution from which such obtained)				
15	Research & Public	cations (if any)				
10		-				
	(If the space is ins separate sheet of s	sufficient, please use a				
	separate sheet of s					

16	Current Employment Records											
	Post	Design	nation	In	stitution	Brief De	scription of	f	Time Period			
		8-					uties		om	То		
17	Previous	s working l	Experie	nce	(starting w	ith present	t position a	nd contir	ue in revers	se order)		
	Post	Design	nation	In	stitution	Brief des	scription of	ç	Time Perio	ad		
	Post Desi		lation	Institution		Brief description of duties			om	То		
										10		
18	Droficion	ov in Long	110000 (]	Dlag	oo Mork 's	in the re	levant cage	<u> </u>				
10	FIONCIEN	cy ill Lang	uages (1	r ica:	SC IVIAIN V	III the le	levalit cage	<i>;</i>)				
	Written Spoken											
			Good	1	Satisfact	Weak	Very	Good	Satisfact	Weak		
	ge	good			ory		good		ory			
	Sinhala											
	Tamil English											
	Other											
19		ng & Infori	mation '	Tech	nology							
	Qualification			Institution		Skills ga	ined	Yea	Year			
									-			
20	Leadershi	p/manager	nent ex	perie	ence							
21	Extra-Curricular activities											
22	Special Skills											

23	Creativity (Including patents)						
24	Are you under any obligatory National Service (If yes, specify):						
25	If selected, what is the earliest date that you can assume duties:						
26	Names of two persons (with addresses) to whom reference can be made:						
	<u>Name</u>	Address					
27	I am also aware that if any particulars he	hed by me in the application are true and accurate. rein are found to be false or incorrect, I am liable covered before the selection and dismissal without covered after the appointment.					
	Construe of Agelicant	Data					
	Signature of Applicant	Date:					
28	For Public Sector Candidates						
		submitted					
	byis forwarded herewith. If he be released.	/she is selected for the said post he/she can/cannot					
		Signature of the Head					
	Date:	Signature of the Head of the Institution					
		(Please place official seal)					

	Notes:
i.	If the Sheets above are not sufficient, please use extra sheets, wherever necessary.
ii.	Mention the list of documents attached along with the form:
	(a)
	(b)
	(c)
	(d)
iii.	Please draw a straight line in the relevant cage, if you do not have something to mention.