

SOUTH EASTERN UNIVERSITY OF SRI LANKA

Personal Information of Employees

1. Full Name :
(PLEASE FILL IN CAPITAL LETTERS)
.....
2. Title : (Prof./ Dr./ Mr./ Mrs./ Ms./ Rev.)
3. Name with Initial :
4. Date of Appointment:
5. Designation :
6. Department / Division:
7. Date of Birth : 8. NIC No.
9. Passport No. :
I. Date of Issue: II. Date of Expiry:
10. Nationality : 11. Religion
12. Civil Status :
13. Spouse Name :
14. Permanent Address:
.....
15. Telephone No: I : Tel. No. II
16. Fax No. : Mobile No.
17. E-Mail Address :
18. Present Address :
.....
19. Contact Person (In Emergency) :
20. Address :
.....
21. Telephone No. : Mobile No.
22. E-mail Address :

I certify that the above particulars given are true and correct in best of my knowledge.

Date:

.....
Signature of Employee

For Office Use Only

PF No.: SEU/E /...../.....PF Service No.:

Date of Assumed Duties: Date of Increment:

Period of Probation: Date of Confirmation:

Date of Termination / Retirement/Pension:

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Subject Clerk / Acad. Estbs.

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Deputy Registrar/Academic Estbs.