



SEU/AE/IA/03

South Eastern University of Sri Lanka

**APPLICATION FOR NORMAL PROMOTION TO THE POST OF
SENIOR PROFESSOR**

01. (a) Name :
- (b) Designation :
- (c) Department :
- (c) Date of appointment :
- (d) Have you been confirmed in your appointment: (YES / NO)
- (e) Date of Last increment earned:.....
- (f) Present Salary (Basic) : Rs.

[Salary Code: U-AC 5 (II)]

02. PhD/ Doctoral Degree/ Higher Doctoral Degree Qualifications:

University	Period of Registration		Degree obtained	Title of thesis / Dissertation *
	From	To		

- (a) Under which of the following category of qualification, you are eligible for promotion to the post of Senior Professor (As per Commission Circular No. 05/2015 dated 28.05.2015)

(i) A Professor who has completed a total of eight (08) years of service as a Professor in recognized Higher Educational Institutions

and

(a) has possessed a Ph.D./Doctoral degree in the relevant field or MD and Board Certification by the Postgraduate Institute of Medicine for Medical/Dental disciplines

or

(b) Twenty (20) publications in indexed journals.

OR

(ii) A Professor who has obtained a higher doctoral degree (D.Sc. or D.Litt. or LL.D. or an equivalent degree) from a recognized university

Please tick (✓) in the relevant cage of your eligible category of qualification:

Category (i) (a) ☐

Category (i) (b) ☐

Category (ii) ☐

[Please attach with this application complete details with supporting documents of the Twenty (20) publications in indexed journals, in case you are eligible under the category of (i) (b)]

I declare that I am eligible for normal promotion to the post of Senior Professor in terms of the UGC Circular No. 05/2015 dated 28.05.2015, given the above required particulars are correct.

Date :

.....
Signature of applicant

03. Observation of the Head of the Department:

(a) Whether the applicant has successfully completed all the requirements for his /her promotion according to the UGC Circular No. 05/2015 dated 28.05.2015: (YES/NO)

(b) Any other comments:

(c) His /her request is recommended / not recommended.

Date :

.....
Signature of the Head

(Seal)

04. Observation of Dean of the Faculty:

Observation:.....
.....
.....

His /her request is recommended / not recommended.

Date :

.....
Signature of the Dean

(Seal)

05. Vice –Chancellor’s Observation:

Observation:.....
.....
.....

His /her request is recommended / not recommended to convene the selection committee meeting.

Date:

.....
Signature of Vice Chancellor

.....