

**PROMOTION TO THE POST OF ..... GR. ....**

Eligible year for promotion: **20 .....**

Medium: I wish to sit / face the Examination / Interview: Tamil.....English..... Sinhala.....  
(Please put a tick ( √ ) in the relevant space)

**01. Name**

- (i) Name with initial : (Mr. / Mrs. / Miss.) .....
- (ii) Full Name : .....
- (iii) National Identity Card Number : .....

**02. Place of Work**

- (i) Division / Department : .....
- (ii) Contact Telephone Number : .....
- (iii) Date of first appointment : .....

**03. Present Post and Experience**

- (i) Post: .....
- (ii) Whether confirmed or not confirmed .....
- (ii) Work experience in the above post in no of years
- Gr. .... : .....
- Gr. .... : .....
- Gr. .... : .....
- (iii) Date of appointment : .....
- (iv) Casual / Temporary / Trainee period (if any) : From.....To.....

**04. Eligibility**

Completion of ..... years

**05. Examination / Interview**

1. Did you sit / face the examination / interview conducted for the above promotion previously .....  
If so, please furnish the following information :
- (i) Date/s : .....
- (ii) Eligible year : .....

**06. Salary particulars:**

- (i) Salary Code : .....
- (ii) Salary Scale as at ..... : .....
- (iii) Monthly Salary as at ..... : .....
- (v) Date of Increment : .....

**07. Particulars of service from the date of joining the University:**

University / Institute	Post	Period of service	
		From	To

**08. Any other Qualifications obtained in addition to G.C.E. (O/L):**

- (i) .....
- (ii) .....
- (iii) .....
- (iv) .....

**09. Extra curricular activities:**

- (i) .....
- (ii) .....
- (iii) .....
- (iv) .....

**10. Job Description:**

Duties assigned at present

- (i) .....
- (ii) .....
- (iii) .....
- (iv) .....
- (v) .....
- (vi) .....
- (vii) .....
- (viii) .....
- (ix) .....
- (x) .....

**11. Have you taken no-pay leave for employment or study abroad? :.....**

If you have obtained such leave please indicate the date of commencement and the date of expiry of leave;

From	To	No. of Years	
		Years	Months
Total No. of years			

I certify the information given in this application is true and accurate, and agree to abide by the rules and regulations of the examination. I am aware that if any information given in this application is found to be false or inaccurate before or after being promoted to the said post, my promotion is subjected to a cancellation.

Date : .....

.....  
Signature of Applicant

**Deputy Registrar**  
**Non Academic Establishments Division**

I certify that the job description given in Item No. 10 is correct.  
I recommended / do not recommended \* this applicant for promotion.

Date : .....

.....  
Head of Department / Division

(\*Delete whichever is inapplicable)

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**Registrar / SEUSL,**

I certify that the particulars given in item 1,2,3,4,5,6,7,8,9 and 11 are correct according to the applicant's personal file.

Date : .....

.....  
**Deputy Registrar**  
**Non Academic Establishments Division**

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**Deputy Registrar**  
**Non-Academic Establishments Division,**

I recommended / do not recommended \* this applicant for promotion.  
Take action to promote him / her.

Date : .....

.....  
**Registrar / SEUSL**

**SPECIAL REPORT THAT SHOULD BE SUBMITTED BY A CANDIDATE ALONG  
WITH AN APPLICATION FOR PROMOTION**

**Instructions to**

**a) Candidates:**

Part one of this Special Report should be filled by the candidate. The candidate is also responsible to obtain leave particulars certified by the authorities concerned before handing over the application.

**b) Head of Division / Departments:**

The Head of Division / Department is responsible to fill the part two of the Special Report on the basis of his knowledge and experience of the conduct and work performed by the applicant. The Head of Division / Department is also requested to make his / her recommendation and forward this Special Report along with the application for promotion.

**PART ONE**

**Post applied for :** .....

**1. The Employee:**

- a. Name of Employee : .....
- b. Date of Birth : .....  
(YY/MM/DD)
- c. Age as at 31<sup>st</sup> December 20.... Years .....
- d. Present Post : .....
- e. Date of appointment to the present post .....
- f. Date / Dates of previous appointment/s with designations: .....  
.....
- g. Educational Qualifications: .....

**2. Particulars of leave taken during the last 03 years :**

Category of leave	20	20	20
Casual			
Vacation			
Medical			
Study			
No-Pay			
Half-Pay			

.....  
**Signature of Candidate**

.....  
**Leave Clerk**

.....  
**Signature of Certified officer**

**Date:** .....

## **PART TWO**

### **3. Administration Report**

**Work Performance :**( Please describe the work performed by the employee in terms of quantity and expected in the job / post).

**a. Scope for work improvement:**

(Describe the nature of work which should have been improved by the employee during the period, in terms of quantity and quality)

.....  
.....

**b. Strength of Employee:**

(What are the assets of the employee that are useful to the University).

i. Skills – Communication: .....

Writing: .....

ii. Performance:.....

iii. Special Contributions: .....

**c. Weakness:**

i. Inadequate skills: .....

ii. Absence from work place: .....

iii. External obstacles which have influenced the performance:

.....

iv. Resistance to change: .....

v. Delays in attending to work: .....

vi. Any other: .....

**d. Employee's improvement during the period:**

(Describe the manner in which the employee has improved himself / herself during the period)

.....

**e. Commendations:**

(Received during the last three years prior to becoming eligible for promotion)

.....

**f. Employee's failure:**

(Identify situations of failure, negligence and any other damages caused to the University, its property, work, good will etc.)

.....

**g. Punishments:**

(Received During three years immediately before the date on which he / she became eligible for promotion)

.....

**4. If there any achievement obtained in his / her career related to this promotion**

.....

**5. Any other comments:**

.....

**6. Recommendation for promotion:**

.....

**Signature of Recommending Officer:** .....

**Designation of Recommending Officer:** .....

**Date Recommended:** .....