



SOUTH EASTERN UNIVERSITY OF SRI LANKA

FORM OF APPLICATION FOR NON-ACADEMIC POST

POST APPLIED FOR

1. Personal Information

1.1 Full Name

1.2 Name with Initial/s

(Whether Mr./Mrs./Miss)

1.3 Date of birth

1.4 Age

1.5 Sex

1.6 Civil Status

1.7 a) Address
i. Postal

ii. Private

b) Telephone Number

c) Fax Number

d) Email Address

1.8 Whether Citizen of Sri Lanka

Yes	No
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1.9 National Identity Card No.

2. Educational Record

2.1

(Attach copies of the relevant document)

School attended	From	To	Last Class passed

2.2 G.C.E. (O/L) Exam Results

G.C.E. (A/L) Exam Results

(Attach copies of certificates)

Year	Subject	Grade	Year	Subject	Grade

2.3 University/ Post Graduate Education (Degree, Diplomas, Etc)

(Attach copies of certificates)

Degrees/Diplomas	Class	University	Date of Commencement	Effective Date	Duration

2.4 Professionals Qualification

(Attach copies of certificates)

2.5 Language Proficiency

Language	Highest Examination Passed

3. Employment Record

3.1 Present Employment

- i. Post :
- ii. Date of appointment to such post :
- iii. Whether confirmed in the present post :
- iv. Place of work with the Address :
- v. Salary Scale of the post :
- vi. Present Salary
 - a. Basic Salary:
 - b. Allowances :

3.2 Previous Employment

Post held	Institute	Period of Service		Last Monthly Salary received	Reason for Cessation of Employment
		From	To		

- 4. (a) Period of experience gained as at the closing date of Applications relevant to the post applied :
- (b) If you have obtained no-pay leave during this period, state reasons and the period of such leave :

5. Extra Curricular Activities

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6. Other relevant Particulars/ Computer awareness

7. Paste the cash receipt properly here

(Paste the receipt here securely)
(It would be advisable to keep a photocopy of the receipt with the candidate)

I do hereby certify that the above particulars submitted by me are true and accurate. I am aware that if any of the particulars are found to be false or inaccurate, I am liable for disqualification or dismissal without any compensation if the inaccuracy is detected after appointment.

Date:.....

.....
Signature of Applicant

ATTESTATION

I hereby certify that Mr./ Mrs./ Ms.
who submits this application is known to me personally, that he/ she has paid the prescribed examination fee and affixed the relevant receipt herein. He/ She placed his/ her signature in my presence on

.....
Date

.....
Signature of the Officer attesting the Signature

Name in full of the Officer Attesting the Signature:

.....
Designation :

Address :

(Official Stamp)

To be completed by the present employer (if any)

Applicant can / cannot be released, if selected for appointment.

Any special comments:

.....
Signature of the Head of Dept.