

## SOUTH EASTERN UNIVERSITY OF SRI LANKA

## FORM OF APPLICATION (FOR LIBRARY STAFF)

Appl	ication for th	ne Post of	:		••••••	•••••		• • • • • • • • • • • • • • • • • • • •			•••••	•••••	•••
1.	(If registered within bracke	Name in Full: (underline Surname) (If registered as a student in a University under any other name, please indicate such name(s) within brackets supported by an affidavit) Rev/Prof/Dr./Mr./Mrs./Ms./Miss											
	Name with	initials :			••••••	•••••	•••••	•••••	•••••	•••••	••••••	•••••	•••••
2. i.	Sex:	Male		F	emale	2				]			
ii.	Civil Status:	Single		٨	∧arrie	ed				]			
3.	a) Postal Add												
	b) Contact Pl	b) Contact Phone Number  Mobile: Office:											
	C) E-mail Ad												
4.	Date of Birt	h (Please atta	ch copy of Bi	rth Certifi	cate)		Age o	at Clo	osing	Date	2		
	Year	Month	Date				Years	s	Mont	ths	D	ays	
5.	Citizenship: (If by registra	By Descer tion indicate R	<u> </u>	By Reg			izensh	ip)	Dual	Citi	zensh	ip _	
6.	National Ide	entity Card	No:										

7. School Education:

Name of School(s) Attended	From	То

8. University Education: First Degree (Duration and effective date should be given. <u>Please attach copies of all relevant certificates with transcripts</u>).

	Dur	ation	Course followed with	Results
Name of the University	From	То	Subjects (Special/ General/mode of study*)	(give class or grade with GPA & effective date)

<sup>\*</sup>i.e: Full Time, Part Time, Distance Mode, Online Mode, Top up etc.

9. Postgraduate Qualifications: (State whether by course work or research, duration and effective date. <u>Please attach copies of all relevant certificates with transcripts</u>).

Institute & Mode of Study*	From	То	Year

<sup>\*</sup>i.e: Full Time, Part Time, Distance Mode, Online Mode, Top up etc.

10. Other Diploma, Membership, Fellowships etc. (attach copy of certificate)

Institute	Diploma etc.	Durations and Credits	Year

11. Professional Qualifications: (attach copy of certificate)

Institute	From	То	Examination passed or Degree obtained etc.

12. L	anauaae	Proficiency	' (Please	tic	<b>√)</b> :
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Language	Ability	y of Gene	ral Commi	unication	Ability to Teach / Work			/ork
Language	Very good	Good	Fair	No Knowledge	Very good	Good	Fair	No Knowledge
Sinhala								
Tamil								
English								
Other								

# 13. Research Publications, if any. (if space is insufficient, please use a separate sheet) (I) Books

No.	Name of the Book / Chapter of Book	Date of Publication & Name of Publisher	Author(s)	ISBN No:
i ii iii				

#### (II) Abstracts

No.	Title of Article	Author(s)	Source and date of the publication
i ii			
iii			

### (III) Conference Papers (full Papers)

No.	Title of Article	Author(s)	Source and date of the publication
i			
ii			
iii			

#### (IV) Journal Papers

No.	Title of Articles	Author(s)	Source and year of publication	Nature of Journal (Peer Review & Indexing)
i ii				

	Institute	Period of Service		Last Monthly	Reason for
Post held		From	То	Salary received	Cessation of Employment
(c) Commendations Institution/ Institu	/Punishments, if any	, during yo	ur career ii	n the University	/ Educational
Institution/ Institu	arion.				

(d) Have you ever been served with a Vacation of Post notice by any other University/

Any further relevant particulars: (not included above)

a. Basic Salary:

b. Allowances :

14. (a)

15.

Present Occupation:

ii. Date of appointment to such post :

iv. Place of work with the Address:

v. Salary Scale of the post:

Government Institution? If so please provide details.

vi. Present Salary

iii. Whether confirmed in the present post:

(Please attach a evidence from the employer)

i. Post:

	Name	Designation	Address & Contact details		
		<u></u>	with email Address		
(i)					
)					
te		es should be the Head of the	e Institution in which the		
	Paste the cash receipt properly here				
	(It would be ad	(Paste the receipt here sec visable to keep a photocopy of tl	• •		
	I hereby certify that the particulars submitted by me in this application are true and accurate. I am aware that if any of the particulars are found to be false or inaccurate, I am liable to disqualify before selection and /or to be dismissed without any compensation, if the inaccuracy is detected after the appointment.				
	any compensation, if	The inaccuracy is defected at	тет тпе арротттепт.		
	Date:		Cionatura of the Applicant		
			Signature of the Applicant (Should be inked)		

#### Note: -

- i. Submit your application according to the requirements and guidelines indicated in the Website <a href="https://www.seu.ac.lk">www.seu.ac.lk</a> relevant to the advertised post.
- ii. All applicants should possess the required qualifications & experience by the closing date of the application. No qualification fulfilled after the closing date will be considered.
- iii. Applications not submitted according to this format and submitted without copies of required supportive documents will be rejected.
- iv. Incomplete application will be rejected

For applications from public officers or officers of the Local Government Service or any local authority only (Based on Section 18.7.4 of the Chapter III of the Establishments Code of UGC and HEIs)

• Any application under the above categories and not submitted through the proper channel will be rejected.

Vice Chancellor South Eastern University of Sri Lanka P.O. Box No. 01 University Park, Oluvil

Application for the Post of							
Submitted by	<b></b>						
Is forwarded hereby, If he/she is selected for the said post he/she can be/cannot be released.							
Signature of Head of the Department	Signature of Head of the Institution *						
Name	Name						
Date	Date						
Official Stamp	Official Stamp						

<sup>\*</sup>As defined by the Chapter I of Volume I of the Establishments Code of the Democratic Socialist Republic of Sri Lanka