



RAJARATA UNIVERSITY OF SRI LANKA FORM OF APPLICATION

PO	ST :-			
01.	(a)	Name with initials	:	
	(b)	Names denoted by initials	:	
02.		Whether Rev./Mr./Mrs./Miss	:	•••••
03.	(a)	Postal Address	:	•••••
		(Any changes should be communicated		
		immediately)		
	(b)	Contact Telephone No.	:	•••••
04.		National Identity Card No.	:	•••••
05.	(a)	Date of Birth	:	
	(b)	Age as at the closing date of applications	:	•••••
06.		Civil Status	:	
07.		Whether Citizen of Sri Lanka	:	•••••
		(State whether by decent or by registration)		
		If by registration give reference number &		
		date of certificate of citizenship		
08.		Race	:	•••••
		(State whether Sinhala, Tamil, Person of		
		Indian Origin or Muslim)		

	To	
Cabaal Edmandian		
School Education		
G.C.E. (Ordinary Level))	
Year :	••	Index No.:
S.No.	Subject	Grade
1		
2		
3		
4		
5		
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Δ .		
9		
10		
G.C.E. (Ordinary Level) Year :-	••	
G.C.E. (Ordinary Level)		
G.C.E. (Ordinary Level) Year :	••	
10 G.C.E. (Ordinary Level) Year :	••	
10 G.C.E. (Ordinary Level) Year :	••	
10 G.C.E. (Ordinary Level) Year :	••	
10 G.C.E. (Ordinary Level) Year :	••	Index No.:
G.C.E. (Ordinary Level) Year :	••	
10 G.C.E. (Ordinary Level) Year :	••	

Education - School attended

09.

	2								
	3								
	4								
	G.C.E. (Advanc								
Year :								•••	
S.No. Subject						Grade			
1									
	2								
	3								
	4								
	University Educ								
U	Iniversity	Degre	ee/Diploma	Class	Date of Commencement		Effective date	Duration	
	Professional Qu	alificati	ions:		•				
Institution			Course		Date of		Effective date	Duratio	
		3			Commencen	nent			
	Highest examina	ation pa	assed in Sinh	ala and Eng	lish				
S	Sinhala:								

Index No.:-

Grade

G.C.E. (Advanced Level)

Year :-

S.No.

1

Subject

(ii)

12.	Period of experience gained as at the closing date of ap	plications relevant to the post applied:						
13.	Extra Curricular Activities:							
14.	Names of two non related referees with address and con	tact Nos.						
	Name	Address						
	1	•••••••••••						
	Contact No	•••••••••••••••••••••••••••••••••••••••						
	2	•••••••						
	Contact No	•••••••••••						
I do hereby certify that particulars submitted by me in this application are true and accurate. I am aware that if any of these particulars are found to be false or inaccurate, I am liable to be disqualified before selection and to be dismissed without any compensation if the inaccuracy is detected after appointment.								
Date	· · · · · · · · · · · · · · · · · · ·	Signature of applicant						

Registrar									
Rajarata Unive	ersity of Sri Lan	ıka							
Mihintale									
	y that the partic		n in colu	mns 01 to 14	of th	is applica	ition ar	e cori	rect according
Checked by:	Personnel Cler		••••						
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				S	ignat	ture of the	Head	of the	
				P	ersor	nnel Depa	rtment		
	candidate is tatutory Board.		he/she	can/cannot	be	released	from	this	Department
Date:	•••••••	••••							
						epartmen			••••

Official Rubber Stamp