

OCEAN UNIVERSITY OF SRI LANKA.

APPLICATION FOR THE POST OF
1. Personal Information
1.1 Full Name
1.2 Name with Initial/s (Whether Mr./Mrs./Miss.)
1.3 a) Address
i. Permanent
ii. Private
b. Telephone Number (i) Land(ii) Mobile
c. Fax Number (if, any)
d. Email Address (if, any)
1.4 Date of birth
1.6 Sex 1.7 Civil Status
1.8 National Identity card No

2. Educational Record

3. Working Experience

Educational Qualification (University Education – Degrees, Diploma, etc.) Professional Qualification/Membership (Attach copies of relevant documents)

Course Detail (Name of Institute)	From	То	Course followed (with subjects)	Effective date (Give class or grade)

3.1.				
a) Present occupation:				
i) Designation:				
ii) Date of appointment:				
iii) Department / Institution and its address:				
iv) Nature of Appointment: Permanent / Contract / Temporary / Casual /				
Present salary:) Basic:			

b) Allowance:

b) All previous appointments, including those under training, if any, with dates:

Institution/Department	Post	From	То	Salary Scale	Job Description/ Designation

3.2. Where a period of experience is required for the post applied for, state the period of such experience. (Attach copies of experience letters)
i)
ii)
iii)
iv)
v)
3.3 If your service in a government Department or a Corporation were terminated, give reasons.

4.Ext	xtra-Curricular Activities	
5. O tl	Other relevant Particulars	
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	Two non-related referees' details	
1.	1. Name:	
	DesignationIn	stitute
	TP No (Mobile): Email:	

2. Name:			
Designation		Institute	
TP No (Mobile	e): E	mail:	
aware that if any of the application will be reje	particulars are found to be fa	this application are true and accurate, I am alse or inaccurate prior to my selection my e found to be false or inaccurate after my apensation.	
Date :			
		Signature of applicant	
If the applicant is an emp	ployee in a Government / Corp	oration / Statuary Board this section should	
	f the Department / Institution.		
The applicant will / will not be released if selected for appointment.			
		Head of the Institution	
		(Official Stamp)	
Name :			
Designation :			
Date :			