



## OCEAN UNIVERSITY OF SRI LANKA.

### APPLICATION FOR THE POST: ASSISTANT INSTRUCTOR

#### (VOCATIONAL TECHNOLOGY DIVISION)

#### 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. WhatsApp Number: .....

d. Email Address: .....

1.4 Date of birth: ..... 1.5 Age: .....

1.6 Sex: ..... 1.7 Civil Status: .....

1.8 National Identity card No:.....

**2. Vocational Educational Record NVQ Level/Equivalent**

Educational Qualification (Attach copies of relevant documents)

<b>Course Detail (Name of Institute)</b>	<b>Duration</b>	<b>Course followed</b>	<b>NVQ Level/Equiva lent Course Level</b>	<b>Effective date</b>

21. Secondary Education:

School	GCE O/L Examination		GCE A/L Examination	
	Subject	Grade	Subject	Grade

### 3. Working Experience

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 / .....

v) Salary scale: vi)

Present salary:

a) Basic: .....

b) Allowance: .....

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

<b>Institution/Department</b>	<b>Post</b>	<b>From</b>	<b>To</b>	<b>Salary Scale</b>	<b>Job Description/ Designation</b>

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.

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**4.Extra-Curricular Activities**

**5. Other relevant Particulars**

**6. Two non-related referees' details**

1. Name:.....

Designation.....Institute.....

TP No (Mobile):..... Email:

2. Name:.....

Designation.....Institute.....

TP No (Mobile):..... Email:

I do hereby certify that all particulars stated 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 prior to my selection my application will be rejected and that if particulars are found to be false or inaccurate after my selection. I will be dismissed from service without compensation.

Date : .....

.....

Signature of applicant

If the applicant is an employee in a Government / Corporation / Statuary Board this section should be filled by such Head of the Department / Institution.

The applicant will / will not be released if selected for appointment.

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Head of the Institution

(Official Stamp)

Name :.....

Designation :.....

Date :.....