

For Office Use:

**University of Moratuwa – Sri Lanka**

**Application Form for the Post of .....**

1.01	Name with Initials		
	Mr/ Mrs/ Miss Status		
1.02	Name donated by Initials		
2	Postal Address	Private Address	
3.01	Telephone No (Residence)		
	Telephone No (Mobile)		
	Email Address		
3.02	NIC No		
4.01	Date of Birth		
4.02	Age as at the closing date of application	Years ..... Months..... Days.....	
	(Certified copy of the Birth Certificate should be attached)		
5	Civil Status		
6	Whether citizen of Sri Lanka by descend or registration		
	If by registration give reference number and the date of certificate of citizen		



8	University Education (Degree/Diploma) (Certified copy of the Certificates should be attached)				
	University	Degree Title	Course Duration	Class/Grade of the final examination with the subjects & effective date	
9	Professional Qualifications (Certified copy of the Certificates should be attached)				
	Professional Experience		Institute	Effective Date	
10	Highest Examination passed in Sinhala/English/Tamil				
	Medium	Examination			
	Sinhala				
	English				
	Tamil				
11	Past Experiences relevant to the post applied (Certified copy of the Certificates should be attached)				
	Name of the Employer	Designation	From	To	Period

12	Extra-Curricular Activities (Certified copy of the Certificates should be attached)			
13	(A) Excellency in Type-Writer		(B) Excellency in Shorthand	
	Medium	Speed (Words per Minute)	Medium	Speed (Words per Minute)
14.01	Current Employment			
14.02	Employer			
14.03	Appointment Date			
14.04	Whether the current post is confirmed/permanent			
14.05	Designation			
14.06	Salary Scale			
14.07	Current Salary (A) Basic Salary			
	(B) Allowances			
14.08	Past Experiences			
	Name of the Employer	Designation	From-To	Salary Scale

15	Other Relevant information

I hereby certify that the particulars submitted by me in the application and its annexure 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 he inaccuracy is detected after the appointment.

.....  
Date

.....  
Signature of the Applicant

**Minute**

**Recommendation by the Head of the Institution (Employees of Government Departments, HEIs, Corporations etc.) Applications which are not recommended by the Head of the institute will be rejected.**

**Forwarded.**

I recommend the above application and agree/ not agree to release the applicant in case he/ she is selected for the post applied.

Date .....

.....  
Signature of the Head of Institute &  
Official Stamp