



## **BUDDHIST AND PALI UNIVERSITY OF SRI LANKA**

## **Application Form**

Ι	Post applied	
II	Department	

1.1	Surname with initials (in block capitals)							
1.2	Name in full (in block capitals) —							
	(copy of the birth certificate should be attached)							
1.3	Civil Status							
1.4	Gender							
1.5	NIC/Passport No.							
1.6	Date of Issue of NIC/Passport							

2.1	Postal Address										
2.2	Permanent Address										
2.3	Telephone (Residence) (Mandatory)	2		2.4	Mo (Ma	tory)					
2.5	Email Address							 			

3.1	Date of Birth	Year		Month			Date	
3.2	Age as at the closing date of application	Years		Mon			Days	
3.3	Whether citizen of Sri Lanka by descend or by registration			3.4	referent the dat	egistration give nce number and te of certificate zenship		

4	Schools attended										
		Name of the School	From	То							
	1.										
	2.										
	3.										

5	Educational Qualifications					
	G.C.E. A/L Examination	Year				
	Subject	Grade	Subject	Grade		
	1.		4.			
	2.		5.			
	3.		6.			

6	University Educ	cation				
	Degree Title	University/Institute	Course Duration	Effective Date	Class or Grade	Courses/subjects followed
	(copies of the	degree certificates/transcript	s containing det	ails requested u	nder 6 sho	uld he attached)

7	Postgraduate Q	Qualifications				
	Degree Title	University/Institute	Course Duration	Effective Date	Class or Grade	Courses/subjects followed
	(copies of th	e degree certificates/transcript	ts containing det	ails requested i	ınder 7 shoi	uld be attached)

8 Other Diplomas, etc.		**
Institute	Diploma, etc.	Year
	ne Diploma certificates should be attached)	

(copies of the Diploma certificates should be attached)

9	Highest Examination passed in Sinhala/Tamil with grade (indicate whether Degree/A.L/O.L/etc)

10	Proficiency	in Sinhala	a/Tamil/Er	nglish					
	Language	Ability to	Ability to work			Ability to		No	
		Very Good	Good	Fair	Knowledge	Very Good	Good	Fair	Knowledge
	Sinhala								
	Tamil								
	English								

11	Knowledge of	f Other Lang	guage							
	Language	Ability to Speak			Ability to Read			Ability to Write		
		Very Good	Good	Fair	Very Good	Good	Fair	Very Good	Good	Fair

12	Professional Memberships					
	Membership type	Institute	Date on which			
	(Co-operate /Associate etc)		membership awarded			
	(copie	es of the membership certificates should be attached	)			

13	Any other Academic Distinctions, Scholarships, Medals, Prizes, etc.				
	Academic Distinctions, Scholarships, Medals, Prizes, etc.	Institution			

14	Research & Publications, if any

15	Past experience relevant to the post applied								
15	Designation	Name of the Employer		Fre	om			To	)
	Designation	Name of the Employer	DD	MM	YY		DD	MM	YY
						-			
						-			
		(copies of the experience certific	ates s	hould	be attache	ed)			

16	Present employment					
	Designation	Name of the Employer	Date of	Sector	Salary Drawn (State whether	
			Appointment	(Government,	basic or consolidated	
				Private, etc)		
	(Copy of the appointment letter should be attached)					

17	Particulars of bond obligations to Higher Educational Institutions/Institutes						
	Name of the Institutions/Institute	Obligatory period	Amount due in Rupees				

18	Salary point expected from the University within the salary scale advertised and reasons to establish your claim				
	Salary expected	Reasons			

19	Extra curricular activities

20	Na	Names and addresses of two persons to whom reference can be made					
	1		2				

21	Any other information not indicated above.		

2	22	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 the inaccuracy is detected after the appointment.
		Date Signature of the Applicant

23	Recommendation by the Head of the Institution (Employees of Government Departments, HEIs, Corporations, etc)				
	I recommend the above application and agree/not agree to release the applicant in case he/she is selected for the post applied.				
	Date	Name	Signature of the Head of Institution		
			Official Stamp		