



# BUDDHIST & PALI UNIVERSITY OF SRI LANKA

## FORM OF APPLICATION

For Office Use

I.D.No :

### POST OF VENARABLE VICE-CHANCELLOR

1 Name in Full  
(in block letters)


2 Postal Address


3 Contact Telephone No

Fax No

E-Mail

4 Date of Birth

Year				Month		Date	

5 Age as at closing date of application

Year				Month		Date	

6 Sri Lankan Citizenship

By Descent	
By Registration	

7 Higher Examination Passed in following Language

Name of the Examination

	Sinhala
	Tamil
	English

8 University Education (Basic Degree)

University	Degree & the Year	Medium	Special or General Degree	Subjects Followed	Class (Pl. indicate clearly)

9 Postgraduate Qualifications :

University / Institution	Degree / Diploma Course (Pl. indicate whether by research for by examination)	Period		Subjects Followed & the Effective date	Results
		From	To		

10 Professional Qualifications (If Space is insufficient, Please use a separate sheet of same size)

University / Institution	Qualifications Obtained	Date of commencement	Effective date	Duration

11 Research & Publications, if any

(If Space is insufficient, Please use a separate sheet of same size)

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12 (a) Present Occupation:

Employer	Designation & nature of work assigned	Salary drawn per month	Period	
			From	To

(b) Previous Occupation:

Employer	Designation & nature of work assigned	Salary drawn per month	Period	
			From	To

13 Extra Curricular Activities (If Space is insufficient, Please use a separate sheet of same size)

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14 Specific details of administrative experience (For Administrative Category)  
(If Space is insufficient, Please use a separate sheet of same size)

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15 Any Other relevant facts

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16 Names, Occupations and Addresses of two non related referees

Name	Address	Occupation

17 I hereby certify that the 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 of the inaccuracy is detected after appointment.

Date : .....  
Signature

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(To be Completed by the Head of Departments where applicable)

Application forwarded. Please note that if selected action will be taken to release him from service.

Date : .....  
Signature of Head of Department