

University of Vocational Technology University College of Kuliyapitiya



APPLICATION FORM FOR NON ACADEMIC POSTS

POST	OST:							
NAM	IAME OF THE UNIVERSITY COLLEGE:							
01	Full Name:							
02	Name with Initials:							
03	Permanent Address:							
04	Tel: Mobile:							
	Fax: E-mail:							
05	National Identity Card No:							
06	Date of Birth:		Year:	Mont	h: Day:			
07	Age as at Closing Date of Ap	plication	: Years:	Month	ns: Days:			
08	Marital Status:							
09	Citizenship:							
10	Details of Secondary Education:							
	(i) G.C.E (O/L)							
	Name of School/ College	Year	Subjects	Results	Subjects	Results		
	(ii) G.C.E. (A/L)					1		
	Name of School/ College	Year	Subjects	Results	Subjects	Results		

University / Institution	Degree		Class	Special/ Hons or General Degree		Core Subject/ Subjects	From-To	Effective Date of Degree
Professional Trainin								
Professional Training Institution		Training Program			Training Outcome		Period	
Professional Qualifications / C		hartered / Licentiate/ Corpo Filed/ Specialization		Name of the Institution/				
Institutio	n	Filed	/ Speciali:	zation	N			Year of
Institutio	on	Filed	/ Specializ	zation	N	University		Year of Awarde
Institutio	on	Filed	/ Speciali	zation	N			
Institution	on	Filed	/ Speciali	zation				
		Filed	/ Speciali:	zation				
Certificates (if any) Course/Certi		Filed	/ Speciali:	zation			itution/	
Certificates (if any)		Filed		zation		University Name of the Inst	itution/	Awarde

15	Any oth scholarships (indicate that awards have	s, medals, ie Institu	prizes: tion from	distinctions which such					
16	Publications (Attach the	list of res	earch publica	ations)					
	Subject Rele (Please Mar		ne relevant o	cage)	Yes		1	No	
	Creativity (p	atents)							
17	Current Emp	oloyment	:	T				<u></u>	
	Post		Designation	Empl	Employer		Brief Description of Duties		rom m/yyyy)
18	Provious We	orking Evr	porionco in T	eaching/ Rese	arch / Dro	ofossional \	Nork (in r	averse order)	
10	Trevious vve	JIKING EA	perience iii i	Cacining/ Nest		nessional ·	VVOIR (III II		riod
	Post	С	esignation	Institu	tion		rief on of Dutio	From (dd/mm /yyyy)	To (dd/mm /yyyy)
19	Proficiency i	in Langua	ges (Please I	Mark '√' in th	ne relevan	t cage)			
	T .			ritten			Spc Spc Spc Spc		T
	Language	Very Good	Good	Satisfactory	Week	Very Good	Good	Satisfactory	Week
	Sinhala								
	Tamil								
	English								
	Other								

20	Skills in Computing & Information Technology						
	Qualification	Institution	year	Skills acquired			
21	Leadership/ Management experience:						
22	Extra-Curricular Activities/ Community Services:						
23	Special Skills:						
24	Sports/ Awards/ Accolades:						
25	Are you under any obligatory Natio	nal Service (If yes, specify):					
26	Minimum Notice Period:						
27	Names of two persons (with addresses and contact numbers) to whom reference can be made: Name Position and Address						
	1						
	Tel. No: E-mail:	. Fax:					
	2						
	Tel. No: E-mail:						
28	I hereby declare that the particulars furnished by me in this application are true and accurate. I am also aware that if any particulars herein are found to be false or incorrect, I am liable to disqualification if the inaccuracy is discovered before the selection and dismissal without any compensation if the inaccuracy is discovered after the appointment.						
	Signature of the Applicant		Da	ate			

29	For Public / Corporate Sector Candidates
	Application for the post ofsubmitted bysubmitted byis forwarded herewith. If he/she is selected for the said post, he/ she can/ cannot be released.
	Date: Signature of the Head of Institution
İ	(Please place the official seal of the Head of Institution)
	Notes;
(i)	If the space above are not sufficient, please use extra sheets, when & where necessary.
(ii)	Indicate the list of documents attached with the application form.
	(a)
	(b)
	(c)
(iii)	Please mark with "" in the relevant cage, if you have nothing to mention/ report.