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GENERAL SIR JOHN KOTELAWALA DEFENCE UNIVERSITY

APPLICATION FORM

NIC No.

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APPLIED POST :

1. Name (In block letters)

a. Full name

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.....

b. Name with initials: Mr / Ms.:

.....
.....

2. a. Permanent Address:

.....
.....

b. Tel: Res. No. : Mobile No. :

c. E-mail: Fax :

d. Skype ID:

3. Date of Birth:

| Year | Month | Date |
|------|-------|------|
| | | |

4. Age:
(As at closing date)

| Years | Months | Days |
|-------|--------|------|
| | | |

5. Civil Status

| Married | Single |
|---------|--------|
| | |

6. Sex:

| Male | Female |
|------|--------|
| | |

7. Sri Lankan Citizenship: By Descent

By Registration

8. Schools Attended:

.....

13. a. Present Occupations: (if space is insufficient, please use a separate sheet)

| Place of work | Designation & nature of work assigned | Salary drawn per month | Period of stay | |
|---------------|---------------------------------------|------------------------|----------------|----|
| | | | From | To |
| | | | | |

b. Previous Occupation/s: (if space is insufficient, please use a separate sheet)

| Place of work | Designation & nature of work assigned | Salary drawn per month | Period of stay | | Reason for Leaving |
|---------------|---------------------------------------|------------------------|----------------|----|--------------------|
| | | | From | To | |
| | | | | | |

14. Extra Curricular Activities:

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| |
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15. Names, occupations and addresses of two non related referees:

| Name | Address | Occupation | Contact No |
|------|---------|------------|------------|
| | | | |
| | | | |

16. Certification by Applicant

I hereby certify that the particulars submitted by me in this application form 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 appointment.

Further, I have enclosed copies of following documents. (Please put "√" mark)

A. Educational Qualifications

- 1. O/L
- 2. A/L
- 3. Diploma

B. Other Certificates

- 1.
- 2.
- 3.

C. Service Certificates

Date :

.....
Signature of Applicant

17. To be completed by the present employer (If any)

Applicant can/ cannot be released, if selected for appointment.

Any Special Comments :

.....
Signature

Name :

Designation :

Date :

For Office Use

| | | |
|--|-----|----|
| Date Received | | |
| Eligibility | Yes | No |
| If No, Reasons | | |
| Registrar/Senior Assistant Registrar (Establishment) | | |
| Comments of Head/Dean | | |