

GENERAL SIR JOHN KOTELAWALA DEFENCE UNIVERSITY
APPLICATION FORM FOR ACADEMIC STAFF
(ON ASSIGNMENT BASIS)

For Office Use only	
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NIC No	
Applied Post (Please put “√” mark on relevant box) (Tick only one box)	<input type="checkbox"/> Senior Professor <input type="checkbox"/> Lecturer (Probationary) <input type="checkbox"/> Professor <input type="checkbox"/> Associate Professor <input type="checkbox"/> Senior Lecturer Gr. I <input type="checkbox"/> Senior Lecturer Gr. II <input type="checkbox"/> Lecturer <input type="checkbox"/> Lecturer Unconfirmed
Faculty	
Department	
Field of Teaching (Specialized area)	
Other fields interested to teach	

01. Full Name (In block letters)	
Name with initials	Prof/Dr/Mr/Ms
02. a. Permanent Address	

b. Tel No	Residence
	Mobile
c. E-Mail	
d. Fax	
e. Skype ID	

03. Date of Birth

Year	Month	Date

04. Age (at the date of summation of application)

Years	Months	Days

05. Civil Status

Married	Single

06. Gender

Male	Female

07. Sri Lankan Citizenship

By Descent	By Registration

08. Highest Examination Passed in

Sinhala	
Tamil	
English	

09. University Education (Basic Degree)

Basic Degree	Effective Date	Awarded Institute	Medium	Special or General Degree	Subjects Followed	Class (Pl. indicate clearly)	Annexure No. (Copy of the Certificate)

10. Postgraduate Qualifications

(if space is insufficient please use a separate sheet)

Degree/Diploma Course (by research or by Examination)	Effective Date	Institute Awarded	Full time or part time	Duration				Credits			Annexure No. (Copy of the Certificate)
				From	To	Yrs	Mts	Course work	Research / Thesis	Total	

11. Professional Qualifications

(PGIM Board certification, Chartered Qualifications, Attorney at Law, etc.)

(if space is insufficient please use a separate sheet)

Educational and professional qualifications								
Sr. No.	Qualification	Effective Date	Institute Awarded	Duration				Annexure No. (Copy of the Certificate)
				From	To	Yrs	Mts	

12. a. Present Occupation: (if space is insufficient, please use a separate sheet)

Place of Work	Designation/Post	Nature of work assigned	Salary drawn per month	Period of service				Annexure No. (Copy of the Service Letter)
				From	To	Yrs	Mts	

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

Sr. No.	Place of Work	Designation/Post	Period of Service				Annexure No. (Copy of Service Letter)
			From	To	Yrs	mts	

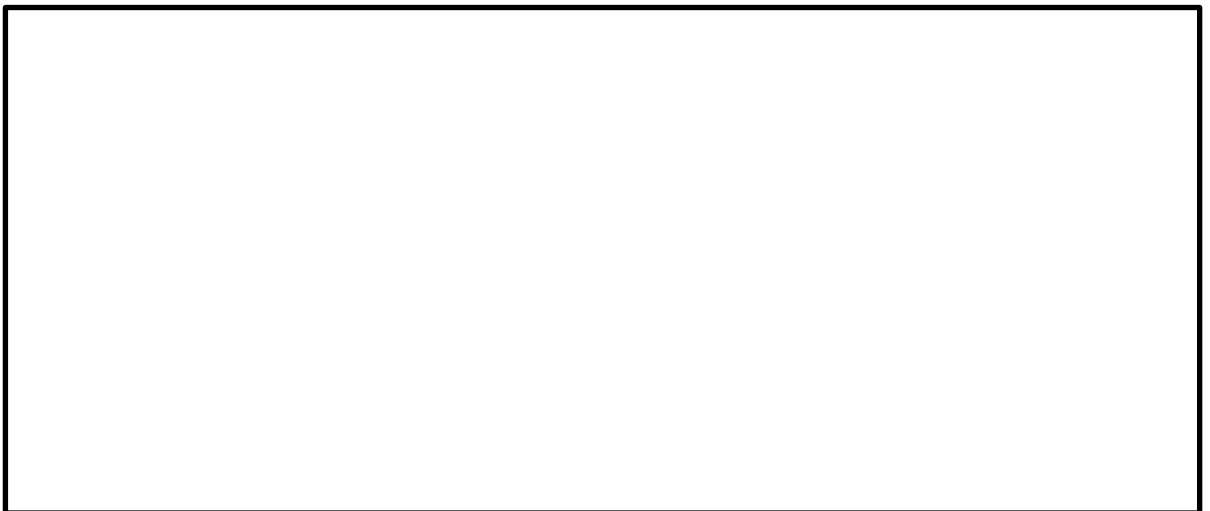
13. Details of Awards/Scholarships etc. (if space is insufficient, please use a separate sheet)

University/ Institution	Scholarships/ Awards/ Prizes/ Academic Distinctions	Year	Annexure No. (Copy of the Certificate)

13. Research & Publications, if any:
(if space is insufficient, please use a separate sheet)

A large, empty rectangular box with a black border, intended for the user to provide details about their research and publications.

14. Extra-Curricular Activities
(if space is insufficient, please use a separate sheet)

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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	Contact No

17. 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 the following documents. (Please insert “√” mark)

Description of Document		Attached	Annexure No
1. Basic Degree Qualifications			
a.	Basic Degree Certificate		
b.	Transcript/ Detailed results sheet		
2. Postgraduate Qualifications			
a.	Postgraduate Degree certificate		
b.	Transcript/ Detailed results sheet		

3. Authentication letter from UGC (for foreign Degrees)			
4. Professional Qualifications			
a.	Certificates/ Letters		
b.	Special Training		
7. Service Certificates			

Date :.....

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Signature of Applicant

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

Applicant can/ cannot be released, if selected for the post applied at General Sir John Kotelawala Defence University.

Any Special Comments :

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Signature

Name :

Designation :

Date :

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Comments & Recommendation of HOD	Justification for Requirement (if space is insufficient, please use a separate sheet)		
	Subject/Modules/Work Allocated for Semester I (if space is insufficient, please use a separate sheet)		
	Subject/Modules/Work Allocated for Semester II (if space is insufficient, please use a separate sheet)		
	TOR's - Please Annex.		
	No of Days Required		
	Any other comments (if space is insufficient, please use a separate sheet)		
Comments & Recommendation of Dean			
Comments & Recommendation of DVC(Academic)			
Comments & Recommendation of Senior Assistant Registrar (Establishment)	Date Received		
	Eligibility	Yes	No
	Category		
	If No, Reasons		

Comments & Recommendation of Registrar	
Comments & Recommendation of Convener Evaluation Panel	