For Office Use

GENERAL SIR JOHN KOTELAWALA DEFENCE UNIVERSITY **APPLICATION FORM**

POST OF TECHNICAL OFFICER GR. II SEG "B"

													Ν	IC No.	
						Γ									
Name (In	bloc	k letters)													
	a.	Full name													
	b.	Name with	initials:	Mr / Ms	s.:										
2.	0	Permanent	Addroop												
۷.	a.	reinanen	Audress	•											
															•••
	b.	Tel: Res. N	0. :				ſ	Mobi	le N	0.	:				
	c.	E-mail:					F	ax :							
	d.	Skype ID: .													
3.	Dat	e of Birth:	Year	Month	Date		4. A		aaia	a do		Year	S	Months	Days
							(As a		JSIN	y ua	le)				
												-			
5.	Ci	vil Status:	Married		Single		6.	Sex:		Ma	ıle	Fe	emal	e	
7.	Sr	i Lankan Cit	tizenship	: By Des	scent	7	By Re	egisti	ratio	n					
					L										
8.	Sr	hools Atten	ded:												
0.															

9. Highest Examination passed in the following Languages:

Sinhala
Tamil
English

10. Educational Qualifications :

a) GCE (O/L) Examina	ation	(b) GCE (A/L) Examination				
Name of the School:		Name of the School :				
Index No:	Year :	Index No:	Year :			
Subject	Grade	Subject	Grade			
(Attach Carries of Cartificates)						

(Attach Copies of Certificates)

11. Vocational Level Qualifications Diploma & Certificates:

	Dialomo (Contificato Course	Per	iod	Subjects followed and	Results
University/Institution	Diploma/Certificate Course	From	То	the effective date	Results

(Attach Copies of Certificates)

12. Other Qualifications, if any

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

Place of work	Designation & nature of work	Salary drawn	Period of stay		
	assigned	per month	From	То	

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

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

(Attach Copies of Certificates)

14. Extra Curricular Activities:

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

Name	Address	Occupation	Contact No

16. Certification by Applicant

Comments of Head/Dean

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.

Furthe	r, I have enclosed copies	of following d	ocuments. (Please put " \checkmark	" mark)
A. Educational Q	ualifications	B. Other	Certificates	
1. O/L		1		
2. A/L		2		
3. Diplom	ia	3		
C. Service Certifi	cates	D. Birth	Certificate	
Date :			Signature of Applica	ant
17. To be comple	eted by the present emplo	yer (If any)		
Applicant can/ can	not be released, if selected	for appointm	ient.	
Any Special Comme	nts :			
			Signature	
Name :				
Designation :				
Date :				
For Office Use				
Date Received				
Eligibility	Yes		No	
If No, Reasons				
Registrar/Senior Assistant Registrar (Establishment)				