

**GENERAL SIR JOHN KOTELAWALA DEFENCE UNIVERSITY**  
**APPLICATION FOR THE POSTS OF ACADEMIC SUPPORT STAFF**  
**CENTRE FOR IT SUPPORT & DEVELOPMENT SERVICES**

For Office Use only	
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NIC No	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																				
Applied Post	<input type="checkbox"/> Network Administrator Gr. II																				

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 (as at closing date)

Years	Months	Days

05. Civil Status

Married	Single

06. Gender

Male	Female

07. Sri Lankan Citizenship

By Descent	By Registration

08. School/s Attended

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09. Highest Examination Passed in

Sinhala	
Tamil	
English	

10. 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)
	DD	MM	YY						

11. 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
	DD	MM	YY			DD	MM	YY	DD	MM	YY						

12. 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)		
		DD	MM	YY		From			To				Yrs	Mts
						DD	MM	YY	DD	MM	YY			

13. 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						Yrs	Mts	Annexure No. (Copy of the Service Letter)
				From			To					
				DD	MM	YY	DD	MM	YY			

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
			DD	MM	YY	DD	MM	YY			

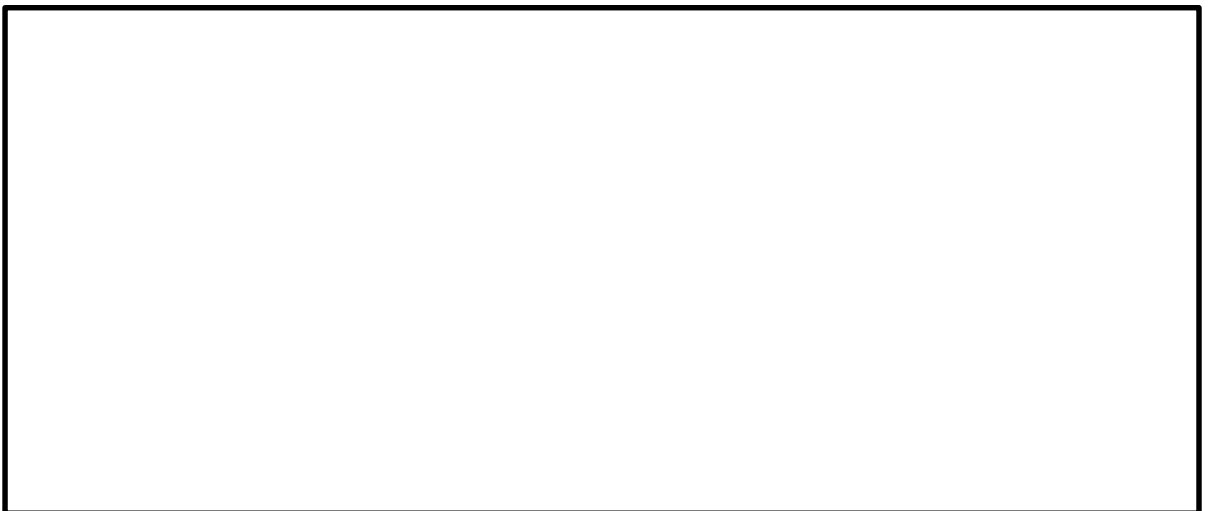
14. Details of Awards/Scholarships etc.

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

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



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



17. Any other relevant facts



18. Have you entered in to a Bond/Agreement with any of your previous employer/s for Training/Study Programme:

- i. Institute/s : .....
- ii. Nature of Training/  
Study Programme : .....
- iii. Obligatory Period : .....
- iv. Date of Commencement:  
of obligatory period : .....
- v. Date of Expiry of  
obligatory period : .....
- vi. Monetary Value of  
the Bond : .....

19. Names, occupations and addresses of two non related referees

Name	Address	Occupation	Contact No

20. 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. Birth Certificate			
2. NIC/Passport			
3. Basic Degree Qualifications			
a.	Basic Degree Certificate		
b.	Transcript/ Detailed results sheet		
4. Postgraduate Qualifications			
a.	Postgraduate Degree certificate		
b.	Transcript/ Detailed results sheet		
5. Authentication letter from UGC (for foreign Degrees)			
6. Professional Qualifications			
a.	Certificates/ Letters		
b.	Special Training		
7. Service Certificates			

Date :.....

.....  
Signature of Applicant



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

[Mandatory for Employees of the University System/HEI/Government Departments/Corporations and Statutory Board etc.]

I recommend the above application and agree/not agree to release the applicant in case he/she is selected for the post applied.

Any Special Comments : .....

.....  
Signature of the Head of Institution

Name : .....

Designation : .....

Date.....

Official Stamp

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Date Received		
Eligibility	Yes	No
Category		
Comments of the Establishment Division (If No, Reasons)		
Signature		