For Office Use	

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

POST OF MANACEMENT ASSISTANT (CLERICAL SERVICES) CR. III

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Name (In	bloc	ck letters)																
	a.	Full name	:															
	b.	Name wit																
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	b.	Tel: Res. I	No. :					M	obil	e No	o. :							
	c.	E-mail:						.Fa	x : .									
	d.	Skype ID:																
3.	Da	te of Birth:	V	M 41	l D.		4.	Age	. :			Г	3 7		N/ -			
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10. Educational Qualifications: a) GCE (O/L) Examination
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From To the effective date (Attach Copies of Certificates)
(Attach Copies of Certificates)
12. Other Qualifications, if any

Highest Examination passed in the following Languages:

9.

	Place of work	Designation & nature of work Salary drawn			Period of stay				
-	- I lade of Well	assigned			per month		From	То	
b.	Previous Occupa	ation/s: (if space is in	sufficient	, pleas	se use a so	eparate	sheet)		
		Designation &	Colomid		Period o	of stav	Reason for Leaving		
	Place of work	nature of work assigned	Salary d per mo	nth	From	To			
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	Attach Copies of Certi	ficatos)							
(Attach Copies of Certi	ilicates)							
14.	Extra Curricular	Activities:							
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15.	Names, occupat	ions and addresses o	of two nor	n relate	ed referee	s:			
	Name	Address		Oc	cupation		Contact N	lo	
<u>.</u>									

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

13.

a.

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 " $\sqrt{}$ " mark)

A. Educational Q	\ualifications	B. Other Certif	icates
1. O/L		1	
2. A/L		2	
3. Diplom	na 🔃	3	
4. Degree	е		
C. Service Certifi	icates	D. Birth Certific	cate
Date :			Signature of Applicant
17. To be comple	eted by the present employe	er (If any)	
Applicant can/ canr	not be released, if selected fo	or appointment.	
Any Special Comme	ents :		
Name :			Signature
Designation:			
Date :			
For Office Use			
Date Received			
Eligibility	Yes		No
If No, Reasons			
Registrar/Senior Assistant Registrar (Establishment)			
Comments of Head/Dean			