

--

# GENERAL SIR JOHN KOTELAWALA DEFENCE UNIVERSITY APPLICATION FORM

## POST OF MANAGEMENT ASSISTANT (CLERICAL SERVICES) GR. III RATMALANA PREMISES

NIC No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name ( In block letters )

a. Full name

.....  
.....

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	

(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

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
- 4. Degree

C. Service Certificates

B. Other Certificates

- 1. ....
- 2. ....
- 3. ....

D. Birth Certificate

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		

