

# SWAMI VIPULANANDA INSTITUTE OF AESTHETIC STUDIES, EASTERN UNIVERSITY, SRI LANKA

## **APPLICATION FORM**

POST OF							
DEPARTMENT OF							
1. PERSONAL INFORMATION:							
1.1 Name in full							
1.2 Name with initial/s							
1.3 Date of Birth			1.4	4 Age			
1.5 Sex	М	F	1.6	5 Civil	Status	 ngle	
1.7 Whether Citizen of Sri Lanka	Yes	No				 vorced	
1.8 National Identity Card No.							
1.9 a. Permanent Address							
b. Telephone Number							
c. Fax Number							
d. E-mail Address							

### 2. EDUCATIONAL RECORD

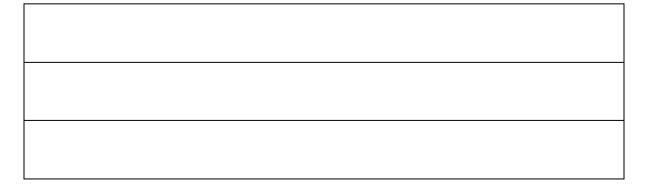
### 2.1 Senior Secondary

Schools Attended	From	То

2.2 University/ Post Graduate Education (Degrees, Diplomas, Etc)

University	From	То	Subject/Field	Degree/	Grades/
			Subject/Field of Study	Degree/ Diploma	Class/
					GPA

## 2.3 Professional Qualifications



### **3. ACADEMIC DISTINCTIONS**

Institution	Year	Award

### 4. RESEARCH, PUBLICATIONS, COMMUNICATIONS ETC.

(Please use additional sheets, if necessary)

List under:

- (a) Publication in Research Journals
- (b) Communication to Learned Societies
- (c) Others
- (d) Current Research Activities

#### **5. LANGUAGE PROFICIENCY**

Language	Highest Examination Passed & Year	Institution

#### 6. EMPLOYMENT RECORD

### 6.1 Present Employment

Institution	Post	Salary per month	With effect from

## 6.2 Previous Employment

Institution/Department	Post	From	То	Salary per month

### 7. EXTRA CURRICULAR ACTIVITIES

Activities
_

## 8. OTHER RELEVANT PARTICULARS

#### 9. NAMES OF REFEREES

Name	Affiliation	Address
		Telephone/e-mail:
		Telephone/e-mail:

#### **10. 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.

Date:....

Signature of Applicant

#### 11. 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		
Deputy Registrar/ Academic		
Establishments		
Comments of Head/Dean		