**විශ්වවිද්‍යාල රෝහල**
**ජෙනරාල් ශ්‍රීමත් ජෝන් කොතලාවල ආරක්ෂක විශ්වවිද්‍යාලය**
**සුළු ශ්‍රේණි තනතුරු සඳහා**

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| කාර්යාලීය ප්‍රයෝජනය සඳහ පමණි | |

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| ජාතික හැඳුනුම්පත් අංකය | |
| අයදුම් කරනු ලබන තනතුර | |

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| 01. අ) සම්පූර්ණ නම | |
| අ) මුලකුරු සමඟ නම | |
| 02. අ) ලිපිනය | |
| ආ) ස්ථාවර දු..ක. අංකය | |
| ඇ) ජංගම දු. ක. අංකය | |

03. උපන් දිනය

| වර්ෂය | මාසය | දිනය |
|---|---|---|
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04. ඉල්ලුම්පතේ දිනට වයස

| වර්ෂ | මාස | දින |
|---|---|---|
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05. විවාහක අවිවාහක බව

| විවාහක | අවිවාහක |
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06. ස්ත්‍රී පුරුෂ භාවය

| ස්ත්‍රී | පුරුෂ |
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07. ශ්‍රී ලාංකික පුරවැසි භාවය

| උපතින් | ලියාපදිංචියෙන් |
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08. අධ්‍යාපන සුදුසුකම් :
(සහතික කල පිටපත් අමුණන්න)

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| අ.පො.ස. සාමාන්‍ය පෙළ | |
|---|---|
| පාසලේ නම් - | |
| විභාග අංකය: ..... වර්ෂය : .....<br>වාර ගණන : ..... | |
| විෂය | ශ්‍රේණිය |
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| අ.පො.ස. උසස් පෙළ | |
|---|---|
| පාසලේ නම - | |
| විභාග අංකය: ..... වර්ෂය : .....<br>වාර ගණන : ..... | |
| විෂය | ශ්‍රේණිය |
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09. වෘත්තීය සුදුසුකම් :-

(සහතික කළ පිටපත් අමුණන්න)

| **ආයතනය** | **සුදුසුකම** |
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10. වෙනත් සුදුසුකම් :-

(සහතික කළ පිටපත් අමුණන්න)

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11. මීට පෙර කළ රැකියා පිළිබඳ විස්තර :-

| ආයතනය | කාලසීමාව | සේවයෙන් ඉවත්වීමට හේතුව |
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12. අමතර ක්‍රියාකාරකම්

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ඉහත සඳහන් තොරතුරු මාගේ දැනීමේ පරිදි සත්‍ය හා නිවැරදි බවත් මා වැරදි හෝ අසත්‍ය තොරතුරු සපයා තිබේනම් සහ එම තොරතුරු අසත්‍ය බව තහවුරු වුවහොත් මා හට සේවයෙන් පහ වීමට සිදුවන බව දනිමි.

දිනය :- ..... .....

අයදුම්කරුගේ අත්සන

**UNIVERSITY HOSPITAL**
**GENERAL SIR JOHN KOTELAWELA DEFENCE UNIVERSITY**

**APPLICATION FOR POSTS OF CLERICAL & ALLIED GRADES**

| | |
|---|---|
| For Office Use only | |

| | |
|---|---|
| NIC No | |
| Applied Post | |

| | |
|---|---|
| 01. Full Name (In block letters) | |
| Name with initials | Mr / Ms |
| 02. a. Permanent Address | |
| b. Tel No | Residence |
| | Mobile |
| c. E-Mail | |
| d. Fax | |

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. Educational Qualifications :
(Attach certified copies)

a.

| GCE (O/L) Examination | |
|---|---|
| Name of the School:…….. | |
| Index No: …… Attempt : …… | Year : ……... |
| Subject | Grade |
| | |
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b.

| GCE (A/L) Examination | |
|---|---|
| Name of the School<br>:…….. | |
| Index No: ……<br>Attempt : …… | Year : ……..... |
| Subject | Grade |
| | |
| | |
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| | |

09. Professional Qualifications, if any: (if space is insufficient, please use a separate sheet)
(Attach certified copies)

| Name of the Institute | Name of the Course | Year of Completion | Medium of Study | Results |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

10. Other Qualifications, if any (Attach certified copies)

| |
|---|
| |

11. Career History (if space is insufficient, please use a separate sheet)
(Attach certified copies)

| Employer | Designation & Nature of Work Assigned | Salary drawn per month | Period of Stay | |
|---|---|---|---|---|
| | | | From | To |
| | | | | |
| | | | | |
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| | | | | |

**(Start with present employment)**

12. Extra-Curricular Activities:

| |
|---|
| |

13. Details of two non-related referees :

| Name | Designation | Address | Contact No. |
|---|---|---|---|
| | | | |
| | | | |

I declare in honor that the information given above are true and accurate to the best of my knowledge. I am aware that if any information given in the application are found to be incorrect, prior to my selection. I am liable to be disqualified, and if it is found after the selection I am liable to be dismissed without any compensation.

Date: …….

…….
Signature of Applicant

**CERTIFICATION OF APPLICANTS SERVICE**
**(for employees of Government Institutes, Government Cooperation's and Statutory Boards)**

I certify that the applicant ..... is Known to me personally, that he/she is employed in ....., and that he/she can be released from this Department/Board / Corporation if he/she is selected for the above post.

(Delete irrelevant words)

Signature of the certifier : .....

Full name of the certifier : .....

Post : .....

Address : .....

Date: .....

**UNIVERSITY HOSPITAL**
**GENERAL SIR JOHN KOTELAWALA DEFENCE UNIVERSITY**

**APPLICATION FOR THE POSTS OF ADMINISTRATIVE AND MEDICAL STAFF**

| | |
|---|---|
| For Office Use only | |

| | |
|---|---|
| NIC No | |
| Applied Post | |

| | |
|---|---|
| 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

| |
|---|
| |

09. 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 ) |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

10. 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 | | | | Annexure No. (Copy of the Certificate ) |
|---|---|---|---|---|---|---|---|---|
| | | | | From | To | Yrs | Months | |
| | | | | | | | | |

11. 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 ) |
| | | | | From | To | Yrs | Months | |
| | | | | | | | | |
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12. 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 | | | | Annexure No. (Copy of the Certificate ) |
|---|---|---|---|---|---|---|---|---|
| | | | | From | To | Yrs | Months | |
| | | | | | | | | |

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

14. Special details of administrative experience (for Administrative Category)
(if space is insufficient, please use a separate sheet)

15. Any other relevant facts

16. Have you entered in to a Bond/ Agreement with any of your previous employer/s for Training/Study Programme or other purpose?

i. Nature of Training/ Study programme/ other purpose : …….
…….
…….

ii. Obligatory Period : …….
…….

iii. Date of Commencement of obligatory Period : ……
……

iv. Date of expiry of obligatory Period : ……..
……..

v. Monetary value of the Bond : …….
…….

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

| Name | Address | Occupation | Contact No |
|---|---|---|---|
| | | | |
| | | | |

18. 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 certified copies of the following documents. (Please insert " √ " mark)

| **Description of Document** | | | |
|---|---|---|---|
| 1. Basic Degree Qualifications | | **Attached** | **Annexure No** |
| a. | Basic Degree Certificate | | |
| b. | Transcript/ Detailed results sheet | | |
| 2. Postgraduate Qualifications | | | |
| a. | Postgraduate Degree certificate | | |
| b. | Transcript/ Detailed results sheet | | |
| | **Description of Document** | **Attached** | **Annexure No** |
| 3. Authentication letter from UGC (for foreign Degrees) | | | |
| 4. Professional Qualifications | | | |
| a. | Certificates/ Letters | | |
| b. | Special Training | | |
| 5. Service Certificates | | | |

Date :…….  …….
Signature of Applicant

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

Applicant can/ cannot be released, if selected for the above post.

Any Special Comments : .....

.....
Signature
Name : .....
Designation : .....
Date : .....