



**POSTGRADUATE INSTITUTE OF SCIENCE (PGIS)  
UNIVERSITY OF PERADENIYA  
SRI LANKA**

**APPLICATION FOR THE POST OF .....**

**IMPORTANT: PLEASE FILL ALL THE BLANKS**

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**1. 1, Name in Full: (underline Surname)**

(If registered as a student in a University under any other name, please indicate such name within brackets)

**Rev./Dr./Mr./Mrs./Miss**

**2, Name with Initials:**

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**2. (a) Postal Address** (Any change should be communicated immediately)

**(b) Contact Phone Number:**

**(c) Email address :**

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**3. Date of Birth & Age** (Please attach copy of Birth Certificate)

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**Age**

Y	Y
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**4. Civil Status**

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**5. (a) Whether citizen of Sri Lanka**

(State whether by descent or by registration. If by registration, give reference number and date of certificate of citizenship)

**(b) National Identity Card No :**

**(c) Passport No**

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**6. University Education**

(Degree, Diploma etc. In the case of Medical/Dental, please give details of 2<sup>nd</sup>, 3<sup>rd</sup> and Final Exams. **Please attach copies of all certificates**).

<b>Degree/Diploma, etc &amp; Name of University</b>	<b>From</b>	<b>To</b>	<b>Course followed</b>	<b>Date of Final Exam. &amp; Results (Give Class/Grade)</b>

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**7. Postgraduate Qualifications**

(State whether by course work or research, duration and effective date. **Please attach copies of all relevant certificates**).

**Board Certification: Yes/No (If yes, date)**

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**8. Academic Distinctions, Scholarships, Medals, Prizes etc.**

(Indicate the Institution from which such awards have been obtained / received. **Please attach copies of relevant certificates**).

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**9. Research Publications, if any Attach a duplicate sheet indicating the same details**  
(if space is insufficient, please use a separate sheet)

**Books**

No	Description

**Articles in refereed journals (Local & International) & Abstracts**

No	Description
	<b>Local</b>
	<b>International</b>
	<b>Abstracts</b>

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**10. Proficiency in Languages: Highest Examination passed in**

Sinhala:

Tamil :

English:

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**11. (a) Present occupation & salary drawn (give details and period)**

**11. (b) Previous Employments, if any, with dates and periods, (In the case of Medical/Dental/ Vet. Sci., please indicate the date of commencement of formal practice as a professional)**

<b>Designation</b>	<b>Department/Institution</b>	<b>From</b>	<b>To</b>	<b>Reasons for Leaving</b>

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**12. Commendations/Punishments, if any, during your career in the University / Educational Institution**

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**13. Have you ever been served with a Vacation of Post notice by any other University/ Government Institution? If so please provide details.**

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**14. Extra Curricular Activities (University, National & International level)**

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**15. Any other relevant particulars (not included above)**

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**16. Names & addresses of two non-related referees:-**

Names & addresses	Telephone No & e-mail
01	
02	

Applicants are kindly requested to send the referee report in a sealed envelope together with the application (**In case the referee prefers to send the document directly instead of handing over the applicant, please ensure the candidate's name with initials is indicated in the upper left hand corner of the envelope of the referee reports**)

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**17. I hereby certify that the particulars submitted by me in this application 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

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Note: -

1. Submit your application according to the detailed requirements indicated in the web site [www.pgis.lk](http://www.pgis.lk)
1. All applicants must complete the qualifications & experience by the closing date of the application. No qualification fulfilled after the closing date will be considered.
2. Applications not submitted according to this format and submitted without copies of required certificates to support qualifications & experience will be rejected
3. A Self addressed stamped envelope has to be sent along with the application

*(TO BE COMPLETED BY THE HEAD OF THE DEPARTMENT WHERE APPLICABLE)*

**Director  
Postgraduate Institute of Science**

The application is forwarded. Please note that if selected, action will be taken to release him/her from the Department/ Institution.

Date: Signature of Head of Department  
(Rubber stamp)

Date: Signature of Head of Institution  
(Rubber stamp)

Note: The candidates are required to send their academic transcripts in support of the application, (In consultation with the authorities of the respective Universities where they studied). Their applications will not be considered in the absence of the academic transcripts.

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*Deputy Registrar / Postgraduate Institute of Science (PGIS)*

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