

POSTGRADUATE INSTITUTE OF SCIENCE University of Peradeniya

APPLICATION FOR THE POST OF TEMPORARY INSTRUCTOR

	IMPORTANT: PLEASE FILL ALL THE BLANKS
1.	1, Name in Full: (underline Surname) (If registered as a student in a University/PG Institute under any other name, please indicate such name within brackets) Rev/Dr./Mr./Mrs./Miss
	2, Name with Initials:
2.	(a) Postal Address (Any change should be communicated immediately)
	(b) Contact Phone Numbers:
	Mobile: Residence: Office:
	(c) Email address :
3.	Date of Birth & Age (Please attach copy of Birth Certificate) D D M Y Y Y Age Y Y
4.	Civil Status

- 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

ree/Diploma, etc & Name of University	From	То	Course followed	Date of Final Exam. & Results (Give Class/Grade, GPA)
	by course w	vork or rese	earch, duration and effecti <u>cates</u>).	ive date. <u>Please</u>
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9. Research Publications, (Please attach proving documents)

(I) Books (If space is sufficient, please use a separate sheet)

No.	Name of the Book	Date of Publication	Author	ISBN No
i				
ii				
iii				

(II) Abstracts (If space is sufficient, please use a separate sheet)

No.	Title of Articles	Author	Source and date of the publication
i			
ii			
iii			

(III) Journals (If space is sufficient , please use a separate sheet)

No.	Title of Articles	Author	Source and year of publication
i			
ii			
iii			

Note: - First degree Dissertation/ Postgraduate Thesis are not considered as publication

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15. Any other relevant part	ticulars (not included a	bove)
6. Names & addresses of		
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and accurate. I am avor inaccurate, I am lia	ware that if any of tl ble to be disqualified	ted by me in this application are nese particulars are found to be force selection and to be dismissible detected after appointment.
Date		Signature of Applicant

Note: -

1 Submit your application according to the format indicated in the web site www.pgis.lk

- 2. All applicants must complete the qualifications & experience by the closing date of the application. No qualification fulfilled after the closing date will be considered.
- 3. Applications not submitted according to this format and submitted without copies of required certificates to support qualifications & experience will be rejected.

(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 service.

Date: Signature of Head of Department

Date: Signature of Head of Institution

18 <u>Declaration by applicant if Head of the Institute has not completed the above</u> (If applicable)

If I selected for the position I am willing to resignation from the present position as my application has not come through the proper channel.

Date Signature of Applicant

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 transcript.

Assistant Registrar / Postgraduate Institute of Science