

University of the Visual and Performing Arts Form of Application (Only for the advertised post of Assistant Librarian

01.Name in Full		
02 Wile of the Proof (Dr. M. M.		
02 Whether Prof./Dr. /Mr./Ms.		
03. Postal Address & Telephone No.		Tel No :
(Any changes should be communicated		Ter NO.
immediately)		E mail :
04. Date of Birth	Age as at closing date of Appli	cation
	Years Months Days	
05. Civil Status	06. National Identity Card No.	
Married		
Unmarried		
07. State whether Citizen of Sri Lanka by Descent or Registration.		
(If by Registration; Give Registration No.))	

08. University Education			
Name of the Degree and Name of the University	Whether Special Degree or General Degree?	Extra Subjects	Duration, Effective Date and Results (Give class or Grade)
	Subject Specialized		
09. <u>Completed Postgraduate</u> <u>Qualifications</u>		1	
(I) Name of the Postgraduate Degree :			
(II) Study Field :			
(III) Weather it is with Research or without Research?			
(IV) Duration :			
(V) Effective Date :			
10. (I) Professional qualifications.			
10. (II) Work Experience			

11. Research and publications	
12. Present Occupation, Place of Work & Salary Drawn (State whether basic or consolidated)	
13. Previous Appointments if any with dates	
14. Particulars of Bond Obligations to Higher Educational Institutions/ Government	
I). Obligation Period with	
II). Amount Due	
15. Extra-Curricular Activities	

16. Names of Two Non-Related referees with Addresses	

I certify that all particulars given by me in this application are true and accurate. I am aware that if any particulars are found to be false or inaccurate prior to my selection, my application will be rejected and that if particulars are found to be false or inaccurate after my selection, I will be dismissed from service without compensation.

Date

Signature of Applicant

Certificate of the Head of the Department:

Application for the post of submitted by is forwarded herewith. If he/she is selected for the said post he/she can/cannot be released.

Signature of the Head of Department

:

:

:

Name

Designation :

Date

Seal

Note: Applicants from Public Service / Corporations/ Statutory Boards/ University System should forward their applications through Heads of respective Institutions with an endorsement to the effect that he/she would be released if selected.