

UNIVERSITY OF PERADENIYA
APPLICATION FOR A TEMPORARY POST

1. Post :
2. Department :
3. Name in full (Rev./Dr./ Mr./Mrs./Ms) :
4. Home Address :
5. Date of Birth :
6. Undergraduate Registration No. :
7. Whether a citizen of Sri Lanka? (Please provide Registration Number, if citizenship is by registration)
8. University Education:

University	From	To	Course followed with subjects	Results (Give Class or Grade)
------------	------	----	-------------------------------	-------------------------------

9. Is your Degree results PENDING? YES ☐ NO ☐

10. Highest Examinations passed in (a) Sinhala / Tamil
(b) English

11. Previous appointment :

Department	From	To	Reason for leaving / cessation
------------	------	----	--------------------------------

I hereby certify that the particulars submitted by me in this application are true and accurate to the best of my knowledge.

Date:

Signature of applicant

- If the applicant is not from the faculty where the vacancy exists, a certificate from the Dean of the Faculty where he / she has completed the undergraduate program should be annexed. This certificate should clearly state that the applicant has successfully completed the program of study.
- Please attach your Curriculum Vitae.

IMPORTANT

Immediately after Resignation / Termination of service the duly filled Provident Fund Refund Form has to be submitted to the Academic Establishments Branch. If the Provident Fund Refund Form is not submitted with the resignation letter and is submitted in the subsequent month / year, the employee should take the responsibility for the delay in releasing the Provident Fund.

I Agree ☐

Vice-Chancellor
University of Peradeniya

Though: Dean / Faculty of

This applicant has fulfilled all the requirements for the Degree of
.....

- Information provided under Column 02 overleaf of his / her application is correct. I suggest that funds for this appointment be found as follows. (Please be specific: if the suggestion is to utilize the provision availed for a particular teacher on no pay leave the name of such teacher should be mentioned).

.....
.....

- Please appoint him / her for a period ofmonths / years from
.....to

- Please give reasons, if the appointment is to be effective during a Vacation period.

.....

Date:.....

.....
Signature of the Head of the Department

Recommendation of the Dean of the Faculty

Date:.....

.....
Signature of the Dean of the Faculty

FOR OFFICE USE ONLY