

## **UNIVERISTY OF RUHUNA**

## SRI LANKA

## APPLICATION FOR THE POST OF DIRECTOR/CENTRE FOR INTERNATIONAL AFFAIRS (CINTA) (PART TIME)

## **IMPORTANT: PLEASE FILL ALL THE BLANKS**

| 1. (i). Name in Full:  |                                       |                     |  |
|--|---------------------------------------|---------------------|--|
| (ii) Name with initials:   |                                       |                     |  |
| (iii) Gender:  | Female                                | Male                |  |
| 2. Whether you applied for the post on a full-time basis or part-time basis: |                                       |                     |  |
|  | Full- time                            | Part-time           |  |
| 2 (i) Bootol Address (Amy  | hawaa ahaaala ha aawaa waxaa da waxaa | amadiatalu) .       |  |
| 3. (I) Postal Address (Any C   | hange should be communicated in       | imediately) :       |  |
| (ii) Contact Phone Numbers   | <b>5:</b>                             |                     |  |
| Mobile:  | Residence:                            | Office:             |  |
| (iii) Email address:   |                                       |                     |  |
| 4. Date of Birth and Age:  | D D M M Y                             | У У У               |  |
| Age:   | Υ Υ                                   |                     |  |
| 5. Civil Status :  |                                       |                     |  |
| 6. (i) Whether citizen of Sri  | Lanka: By Description                 | ent By Registration |  |
| (ii) National Identity Car   | d No:                                 |                     |  |
| (iii) Passport No:   |                                       |                     |  |
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| Degree and Name of the University | From          | То                | Field of study                     | Effective Date of the Degree |
|-----------------------------------|---------------|-------------------|------------------------------------|------------------------------|
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|                                   |               |                   |                                    |                              |
| Postgraduate Our                  | difications:  | State wheth       | er by course work or research      | duration and offective       |
| date. Please attac                |               |                   |                                    | , duration and effective     |
|                                   |               |                   |                                    |                              |
|                                   |               |                   |                                    |                              |
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|                                   |               |                   |                                    |                              |
| Academic Distinct                 | tions Schola  | rshins Med        | als, Prizes etc. (Indicate the Ins | stitution from which such    |
| awards have been                  |               | ii 3iii p3, ivicu | ais, i fizes etc. (maicate the m.  | stitution from which such    |
|                                   |               |                   |                                    |                              |
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| ). Professional quali             | ifications ob | tained (for t     | he post of Director/CQA)           |                              |
| ). Professional qual              | ifications ob | tained (for t     | he post of Director/CQA)           |                              |
| ). Professional qual              | ifications ob | tained (for t     | he post of Director/CQA)           |                              |
| ). Professional qual              | ifications ob | tained (for t     | he post of Director/CQA)           |                              |
| . Professional qual               | ifications ob | tained (for t     | he post of Director/CQA)           |                              |
| . Professional qual               | ifications ob | tained (for t     | he post of Director/CQA)           |                              |

| 2.                       | Research Publications: (If s<br>i) Books | pace is insufficient, pl | ease use ATTCHEN | IENT 1)                     |
|--------------------------|--|--------------------------|------------------|-----------------------------|
| Vo.                      | Name of the Book                         | Date of Publication      | Author           | ISBN No.                    |
| •                        |  |                          |                  |                             |
| i.                       |  |                          |                  |                             |
| ii.                      |  |                          |                  |                             |
|                          |  |                          |                  |                             |
|                          |  |                          |                  |                             |
| •<br>(i                  | PLEASE CONSIDER THAT AL                  | L RESEARCH PUBLICA       | TIONS ARE CHECKI | ED FOR FAKE JOURNALS.       |
| (i                       | ii) Abstracts                            |                          |                  |                             |
|                          |  | Author                   |                  |                             |
| (i<br>No.                | ii) Abstracts                            |                          |                  |                             |
| (i<br>No.                | ii) Abstracts                            |                          |                  |                             |
| (i<br>No.                | ii) Abstracts                            |                          |                  |                             |
| (i<br>No.<br>ii.         | Title of Articles                        | Author                   | Sou              | rce and date of publication |
| (i<br>No.<br>i.          | Title of Articles                        |                          | Sou              | rce and date of publication |
| (i                       | Title of Articles                        | Author                   | Sou              | rce and date of publication |
| (i<br>No.<br>ii.<br>(ii. | Title of Articles                        | Author                   | Sou              | rce and date of publication |

| 13. Proficiency in Languages: Highest Examination passed in  |                        |         |                     |  |
|--|------------------------|---------|---------------------|--|
| Sinhala:   |                        |         |                     |  |
| Tamil:   |                        |         |                     |  |
| English:   |                        |         |                     |  |
| 14. (i) Present occupation & Salary drawn (give details and period)  |                        |         |                     |  |
|  |                        |         |                     |  |
| <ul><li>(ii) Previous Employments (if any, with dates and periods) – in the case of<br/>Medical/Dental/Veterinary Sciences, please indicate the date of commencement of formal<br/>practice as a professional)</li></ul> |                        |         |                     |  |
| Designation  | Department/Institution | From To | Reasons for leaving |  |
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| 15. Commendations/Punishments, if any during your career in the University/Educational Institution:  |                        |         |                     |  |
| mstication.  |                        |         |                     |  |
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| 16. Extra-Curricular Activities (University, National & International level) |                                   |  |
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| 17. Any other relevant particulars (not included                             | d above):                         |  |
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|  |                                   |  |
| Note: Please submit your CV and personal sta                                 | tement along with the application |  |
| 18. Names and Addresses of two non-related re                                |                                   |  |
| Name and addresses   | Telephone No. & E-mail            |  |
| 01.  |                                   |  |
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| 02.  |                                   |  |
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| LL   | <u> </u>                          |  |

19. In the event of being selected please indicate the latest date on which you would be able to assume duties:

|           | . Do you have close relatives in employment at University of Ruhuna. <u>If yes, please indicate favou</u> <u>accordingly</u> : |  |   |
|-----------|--|--|---|
|           | Name :   |  | Relationship:   |
|           | (i)  |  |   |
|           | (ii)   |  |   |
|           | (iii)  |  |   |
| av<br>di: | vare that if any of these p  | particulars are found to                     | n this application are true and accurate. I an<br>be false or inaccurate, I am liable to be<br>hout any compensation if the inaccuracy is |
| Da        | ate:   | Signatu                                      | ure of Applicant:   |
|           | <u>ote</u> : submit your applicatior<br>ww.ruh.ac.lk   | n according to the detail                    | led requirements indicated in the web site  |
| TC        | O BE COMPLETED BY THE HEA  | AD OF THE DEPARTMENT                         | Γ WHERE APPLICABLE:   |
|           | ce Chancellor<br>niversity of Ruhuna   |  |   |
|           | ne application is forwarded. F<br>m/her from service.  | Please note that if selecte                  | d, action will be taken to release/not release  |
| Da        | ate:   | Signature of Head of th<br>(with Official fr | ne Department:<br>rank)   |
| Da        | ate:   | Signature of Dean of In<br>(with Official fr | nstitution:<br>rank)  |