**APPLICATION FOR A TEMPORARY ACADEMIC STAFF / DEMONSTRATOR POST**

1. Post :

2. Department :

3. Name in full :

4. Home Address :

5. Date of Birth :

6. Undergraduate Registration No:

7. Whether Citizen of Sri Lankan:

(Give registration no. of citizenship is by registration)

8. University Education

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| University | From | To | Course followed with subjects | Results (give class or grade if pending results, state so) |
|  |  |  |  |  |

9. Special Qualification:

10. Highest Examination passed in Sinhala/Tamil:

11. Is your Degree results pending? Yes No

12. Previous appointments:

|  |  |  |  |
| --- | --- | --- | --- |
| Department | From | To | Reasons for leaving/cessation |
|  |  |  |  |

If the applicant is not from the Faculty where the vacancy exists, a certificate from the Dean of the Faculty

Where he completed the undergraduate programme should be annexed. This certificate should clearly state

that the applicant has successfully completed the programme of study.

A Curriculum Vitae of the applicant should be attached to this application form.

**Important**: On resignation or termination of the service, a duly filled Provident Fund Refund Form has to be submitted to the Academic Establishment Division with relevant documents. If not, the employee should take the responsibility for the delay in releasing the Provident Fund.

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

The Vice Chancellor,

University of Peradeniya

Through: Dean/ Faculty of ………………………………………………………….………………….

-Information provided under the No.s 10,11 and 12 of this application is correct.

Please appoint him/ her for a period of ……….. months/ years from ……….. To ……………..

Please give reasons, if the appointment is to be effective during vacation period.

……………………………………………………………………………………………………..

I suggest that funds for this appointment be found as follows(please tick)

From existing cadre vacancy

Utilising a position of a particular teacher on no pay leave (the name of such teacher and his/her position should be mentioned)

………………………………………………………………………………………………………

…………………………………… …………………………

Date Head of the Department

Recommendation of the Dean of the Faculty

……………………………. ……………….…………………….

Date Dean/Faculty of Dental Sciences

**FOR OFFICE USE ONLY**