

EASTERN UNIVERSITY, SRI LANKA

APPLICATION FORM FOR THE POST OF LIBRARIAN

POST OF												
DEPARTMENT OF												
1. PERSONAL INFORMATION:												
1.1 Name in full												
1.2 Name with initial/s												
1.3 Date of Birth					1.4 A	Age						
1.5 Sex	Μ]	F		1.6 C	ivil	Stat	us		gle ried		
1.7 Whether Citizen of Sri Lanka	Yes			No]				orcec		
1.8 National Identity Card No.												
1.9 a. Permanent Address												
b. Telephone Number												
c. Fax Number												
d. E-mail Address									 		 	

2. EDUCATIONAL RECORD

2.1 Senior Secondary

Schools Attended	From	То

2.2 University/ Post Graduate Education (Degrees, Diplomas, Etc)

University	From	То	Subject/Field of Study	Degree/ Diploma	Grades/ Class/ GPA

2.3 Professional Qualifications

3. ACADEMIC DISTINCTIONS

Institution	Year	Award

4. RESEARCH, PUBLICATIONS, COMMUNICATIONS ETC.

(Please use additional sheets, if necessary)

List under:

- (a) Publication in Research Journals
- (b) Communication to Learned Societies
- (c) Others
- (d) Current Research Activities

5. LANGUAGE PROFICIENCY

Language	Highest Examination Passed & Year	Institution

6. EMPLOYMENT RECORD

6.1 Present Employment

Institution	Post	Salary per month	With effect from

6.2 Previous Employment

Institution/Department	Post	From	То	Salary per month

7. EXTRA CURRICULAR ACTIVITIES

Activities

8. OTHER RELEVANT PARTICULARS

9. NAMES OF REFEREES

Name	Affiliation	Address
		Telephone/e-mail:
		Telephone/e-mail:

10. CERTIFICATION BY APPLICANT

I hereby certify that the particulars submitted by me in this application form are true and accurate. I am aware that if any of these particulars are found to be false or inaccurate I am liable to be disqualified before selection and to be dismissed without any compensation, if the inaccuracy is detected after appointment.

Date:....

Signature of Applicant

11. TO BE COMPLETED BY THE PRESENT EMPLOYER (IF ANY)

Applicant can/ cannot be released, if selected for appointment.

Any Special Comments:

.....

Signature

Name	:
Designation	:
Date	:

For Office Use

Date Received		
Eligibility	Yes	No
If No, Reasons		
Deputy Registrar/ Academic		
Establishments		
Comments of Head/Dean		