

**UNIVERSITY OF PERADENIYA**  
**APPLICATION FOR A TEMPORARY POST**

1. Post : .....
2. Department/Faculty : .....
3. Name in full : .....  
(Rev./Prof./Dr./Mr./Mrs./Ms.)
4. Home Address : .....
5. Email Address : ..... 6. Mobile No.: .....
7. Date of Birth : ..... 8. NIC No. : .....
9. Bank Details (Preferably People's Bank or BOC)
- a) Bank: ..... b) Branch: ..... c) Account No: .....

10. University Education

University	From	To	Degree/Diploma followed with major subject/s	Result (with Class/Grade)

11. Is Your Degree result PENDING? Yes  NO

12. Previous appointments at University of Peradeniya/other Institutions

Department	Designation	From	To	Reason for leaving

-If he 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.

-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 Establishments 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. Also I agree to the conditions laid down above.

Signature of the applicant:.....

Date:.....

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.

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

- From existing carder vacancy
- Utilizing a position of particular teacher on no pay leave  
(the name of such teacher and his/her position should be mentioned)

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Date:.....

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Signature of the Head of the Department

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Recommendation of the Dean of the Faculty

Date: .....

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Signature of the Dean of the Faculty

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Approval of the Vice-chancellor

Date: .....

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Signature of the vice -Chancellor

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**FOR OFFICE USE ONLY**