## Sri Lanka Institute of Tourism Hotel Management

## APPLICATION FORM FOR THE POST OF VISITING LECTURER FOR THE SUBJECTS OF

......(Name of the Provincial School)

POST APPLIED:									
NAME OF THE SLITHM provincial School:									
01	Name in Full:								
02	Name with Initials:								
03	Permanent Address:								
04	Tel:		Mobile:						
	Fax:		Email:						
05	National Identity Card No:								
06	Date of Birth: Year:	Month:	1						
07	Age as at closing date of Ap	plications	: Years: Months:	: Days:					
08	Civil Status:								
09	Citizenship:								
10	Details of Secondary Education								
	(i) G.C.E (O/L)								
	Name of School/College	Year	Subject	results		Subject	Results		
	(ii) G.C.E. (A/L)			Ι	1				
	Name of School/College	Year	Subject	results		Subject	Results		

11	First Degree and Postgraduate Degree (s)							
	University/ Institution	Degrees	Class	Special or General Degree	Main Subject/Subjects		From – To	Effective date of the Degree

12	Professional Qualification							
	Institution	Examination passed	Specialization	Year of Passing				
13	Certificates (if any)							
	Course/Certificate	Field	Name of the institution/Universi:y	Year				
14	Scholarships, Medals (Indicate the institu	ution form which such						
	awards have been o	btained)						

15		Publications, if ar t, please use sep					
16	Current Emp	loyment Record		-			
	Post	Designation	Institution	E	Brief Description of	Period	
					Duties	From	То

17	Previous	working Exp	eriend	e (sta	arting with p	oresent pos	ition and cor	itinue i	n reverse	orde	-
	Post	Designa	tion	In	stitution	Brief De	scription of		Time	Perioc	
						D	uties	F	From		То
18	Proficiency	/ in Languag	es (Ple	ease I	Mark '√' in tł	ne relevant	cage)				
	Written					-	Spoken				
	Language	Very good	Go	od	Satisfactory	Week	Very good	Good	Satisfa	ictory	Week
	Sinhala										
	Tamil										
	English										
	Other										
19	Computing & Information Technology										
	Qualificati	on		Instit	ution	Skills gain	ned	Yea	ər		

20	Leadership/management experience	
21	Extra-Curricular activities	
22	Special Skills	
23	Creativity (including patents)	
24	Are you under any obligatory National Servic	e (If yes, specify):
25	If selected, what is the earliest date that you	can assume duties:
26	Names of two persons (with addresses) to w Name	hom reference can be made Address
27	also aware that if any particulars herein	ed by me in the application are true and accurate. I am are found to be false or incorrect, I am liable to ered before the selection and dismissal without any after the appointment.
	Signature of Applicant	Date

28	For Public Sector Candidates
	Application for the post of 
	 Signature of the Head Date: of the Institution (Please place official seal of the Head of Institution)
	Note
(i)	If the Sheets above are not sufficient, please use extra sheets, wherever necessary.
(ii)	Mention the list of documents attached along with the form.
	(a)
	(b)
	(c)
	(d)
(iii)	Please mark with "" in the relevant cage, if you do not have something to mention.