



Sri Lanka Institute of Tourism and Hotel Management



(For office use only)

APPLICATION FOR THE POST OF

1.0 PERSONAL INFORMATION

Name in Full Mr./Mrs./Miss				
Name with Initials <i>(Example: GUNAWARDHANA H.M.S.K.)</i>				
Full Name (in Sinhala/Tamil)				
Date of Birth:	Date	Month	Year	Age
Gender	Male		Female	
National Identity Card (NIC) Number/ Passport No.				
Civil Status	Married		Single	
Nationality				
Permanent Address				
Contact Numbers				
E-mail Address				
District				

2.0 EDUCATIONAL QUALIFICATIONS

2.1 G.C.E. (Ordinary Level) Examination

Year: Index Number: School:

No.	Subject	Grade	No.	Subject	Grade
1			6		
2			7		
3			8		
4			9		
5			10		

2.2 G.C.E. (Advanced Level) Examination

Year: Index Number: School:

No.	Subject	Grade
1		
2		
3		
4		

2.3 Degree Qualifications

Degree	Subjects /Specialization	University/ Institution:	Effective Date of the Degree	Medium of Instruction/ Examination	Class of Degree Upper / Lower Division	Mode of Study: Internal / External	UGC recognized (Yes/No)
1							
2							
3							
4							

3.0 PROFESSIONAL QUALIFICATIONS

(Chartered qualification/Memberships/ Registrations/Post Graduate Diploma/Advanced Diploma/National Vocational Qualification (NVQ)/Certificate Qualifications (Including Computer, Language)

	Qualification	Field	Name of Institution	Date of Award	Duration
1					
2					
3					
4					

4.0 Working Experience

	Employer/ Institution	Designation	Duration	Number of Years		Managerial Experience (Yes/No)
				Years	Months	
1						
2						
3						
4						

5.0 RESEARCH EXPERIENCE, PUBLICATIONS, PATENTS AND AWARDS

CATEGORY	ACHIEVEMENTS
5.1 Research Papers (International/Refereed)	
5.2 Research Papers (Local/Refereed)	
5.3 Research Papers (Non-Refereed)	
5.4 Conference Proceedings and Research Reports	
5.5 Patents	
5.6 Research Awards	

6.0 EXTRA- CURRICULAR ACTIVITIES

- 1.....
- 2.....
- 3.....
- 4.....

7.0 OTHER ACHIEVEMENTS

- 1.....
- 2.....
- 3.....
- 4.....

8.0 NON-RELATED REFEREES

Please provide the names of two non-related referees who can provide information regarding your professional qualifications, experience and character.

Name	Telephone Number/Email	Designation/Position	Address
1.			
2.			

7.0 DECLARATION OF THE APPLICANT

(a) I hereby declare that all particulars furnished in this application are true and correct to the best of my knowledge and belief. I understand that any false statement or omission of relevant information may result in the rejection of my application or other appropriate action in accordance with the applicable rules and regulations.

(b) I undertake to provide documentary evidence in support of the information furnished in this application whenever required.

(c) I certify that the information provided above is complete and accurate.

Date: Applicant's Signature:

8.0 ATTESTATION BY THE HEAD OF THE DEPARTMENT/INSTITUTION

(Applicable only to candidates currently employed in the Government/Public Service or other institutions where such certification is required.)

I hereby certify that Mr./Mrs./Miss, who is employed in this Ministry/Department/Institution, is serving in the post of.....

To the best of my knowledge, his/her work and conduct are satisfactory. The status of any pending disciplinary proceedings, if applicable, is indicated below.

Disciplinary proceedings pending: Yes / No

If selected for the above post, he/she can / cannot be released from the present service in accordance with the applicable rules and procedures.

Date:

Signature of the Head of the Department/Institution or Authorized Officer:

.....

Name:

Designation:

Ministry/Department/Institution: Official Seal: