**MINISTRY OF EDUCATION,**
**HIGHER EDUCATION AND VOCATIONAL EDUCATION**

**SRI LANKA INSTITUTE OF ADVANCED TECHNOLOGICAL EDUCATION (SLIATE)**

# Application Form for Assistant Lecturer (AR1)

**Post** :-.....

**Preferred Institute**: -.....

1. Name in Full (Mr/Mrs/Miss) :- .....

2. Name with Initials :- .....

3. Date of Birth :- .....

4. Contact Information :-

Postal Address-.....

Phone Number- Official/Fixed -.....

Mobile -..... e-mail - .....

5. National ID card No :-.....

6. Education Qualifications:

6.1 Academic Qualifications

| | University/ Institute | Degree/Class | Year |
|---|---|---|---|
| i. | ..... | ..... | ..... |
| ii. | ..... | ..... | ..... |
| iii. | ..... | ..... | ..... |

6.2 G.C.E. Advanced Level (A/L) Examination Results

| | Subject | Grade | Year |
|---|---|---|---|
| i. | ..... | ..... | ..... |
| ii. | ..... | ..... | ..... |
| iii. | ..... | ..... | ..... |
| iv. | ..... | ..... | ..... |

6.3 G.C.E. Ordinary Level (O/L) Examination results

| | Subject | Grade | Year |
|---|---|---|---|
| i. | ..... | ..... | ..... |
| ii. | ..... | ..... | ..... |
| iii. | ..... | ..... | ..... |
| iv. | ..... | ..... | ..... |
| v. | ..... | ..... | ..... |
| vi. | ..... | ..... | ..... |
| vii. | ..... | ..... | ..... |
| viii. | ..... | ..... | ..... |
| ix. | ..... | ..... | ..... |
| x. | ..... | ..... | ..... |

6.4 Research Experience

| | University/Institute | Name of the Research | Duration(From-To) |
|---|---|---|---|
| i. | ..... | ..... | ..... |
| ii. | ..... | ..... | ..... |
| iii. | ..... | ..... | ..... |

7. Publication, Patents and Awards

| | Name of the Publication, Patents and Awards | Name of the Institute | Year |
|---|---|---|---|
| i. | ..... | ..... | ..... |
| ii. | ..... | ..... | ..... |
| iii. | ..... | ..... | ..... |

8. Extracurricular activities

   i. Sports

   ii. Membership in professional bodies

09. Name, Position and Contact Information of two Non-Related Referees.

I do hereby certify that all the above information is true and correct for the best of my knowledge.

Date: - .....

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Signature of Applicant