

WAYAMBA UNIVERSITY OF SRI LANKA  
APPLICATION FOR THE POST OF  
TEMPORARY - LECTURER/ DEMONSTRATOR/TUTOR

Department of ..... Faculty of .....

- 01. Full Name : .....
- 02. Private Address: .....
- 03. Contact Number: .....
- 04. National Identity card Number: .....
- 05. Date of Birth: ..... Age: .....
- 06. Educational Qualifications (With dates) : .....
- .....
- .....
- .....

.....  
(Signature of the Applicant)

.....  
(Date)

**P.S**

Applicants are kindly requested to submit certified copies of his/her Birth Certificate, National Identity Card and Degree Certificate (if available) to Assistant Registrar/Academic/ Academic Establishments if he/she is selected for the appointment.

**FOR OFFICIAL USE ONLY**

**Dean Faculty of .....**

The appointment of Dr./Mr./Mrs./Miss/ ..... as a Temporary ..... in the department of ..... from ..... to ..... is recommended. (Certified copy of the Birth Certificate, National Identity Card and Degree Certificate is sending herewith.)

.....  
Date

.....  
Signature of the Head of the Department

**Vice-Chancellor**

Recommended/ not Recommended

.....  
Date

.....  
Signature of the Dean of the Faculty

**Assistant Registrar / Academic/ Academic Establishments**

I approve / Do not approve the above person to be appointed as a temporary Lecturer /Demonstrator/Tutor for the period from .....

.....  
Date

.....  
Vice-Chancellor