**Application for Visiting Lecturers**

**University College of Anuradhapura**

**Department and Module applied for:**

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| Department |  |
| Modules |  |
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**Personal Information**

Full Name :……………………………………………………………………………….

Name with initials :………………………………………………………………………………..

National Identity Card No.: ……………………………………………………………………………….

Date of Birth : ……………………………………………………………………………….

Gender (Male/Female) : ………………………………………………………………………………..

Permanent Address : …………………………………………………………………………….....

Telephone Number :………………………………………………………………………………...

Email Address :………………………………………………………………………………...

**Educational qualifications relevant to the subject applied for (Please attach the copies of the certificates)**:

**University/Higher Educational Qualifications:**

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| --- | --- | --- | --- | --- | --- |
| **University/Institute** | **From** | **To** | **Subject/Field of Study** | **Diploma / Degree(Bsc./Msc./Phd.)** | **Class** |
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**Professional Qualifications:**

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| --- | --- | --- | --- |
| **Institution** | **From** | **To** | **Field** |
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**Other Qualifications:**

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| **Institute** | **From** | **To** | **Field** |
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**Work Experience:**

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| **Institute** | **From** | **To** | **Post** |
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**Publications:**

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I do hereby certify that the above particulars submitted by me are true and accurate.

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Date Signature of the applicant