



(35 mm × 45 mm)  
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**POSTGRADUATE INSTITUTE OF SCIENCE**  
**University of Peradeniya**

**APPLICATION FOR THE POST OF SCIENTIFIC ASSISTANT**  
**GRADE II (PERMANENT)**

**IMPORTANT: PLEASE FILL ALL THE BLANKS**

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**1. (a) Name in Full: (underline Surname)**

(If registered as a student in a University/PG Institute under any other name, please indicate such name within brackets)

**Rev/Dr./Mr./Mrs./Miss**

**(b) Name with Initials:**

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**2. (a) Postal Address:** (Any change should be communicated immediately)

**(b) Contact Phone Numbers:**

**Mobile:**

**Residence:**

**Office:**

**(c) Email address :**

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**3. Date of Birth:** (Please attach a certified copy of Birth Certificate)

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

**Age:** (As at closing date of Applications)

|       |        |      |
|-------|--------|------|
| Years | Months | Days |
|-------|--------|------|

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**4. Civil Status:**

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**5. (a) Whether citizen of Sri Lanka:** (State whether by descent or by registration. If by registration, give reference number and date of certificate of citizenship)

**(b) National Identity Card No:**

**(c) Passport No:**

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**6. University Education:**

(Degree, Diploma etc. Please attach certified copies of all the relevant certificates).

| Degree/Diploma, etc<br>& Name of<br>University | From | To | Course followed | Date of Final Exam.<br>& Results<br>(Give Class/Grade,<br>GPA) |
|------------------------------------------------|------|----|-----------------|----------------------------------------------------------------|
|                                                |      |    |                 |                                                                |
|                                                |      |    |                 |                                                                |
|                                                |      |    |                 |                                                                |
|                                                |      |    |                 |                                                                |
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**7. Postgraduate Qualifications:**

(Please attach certified copies of all the relevant certificates).

| Postgraduate<br>Degree/Diploma | University | By Course or<br>By Research | Date of<br>Commencement |       |      | Effective<br>Date |       |      | Duration<br>(Prescribed<br>period of<br>Registration) |
|--------------------------------|------------|-----------------------------|-------------------------|-------|------|-------------------|-------|------|-------------------------------------------------------|
|                                |            |                             | Year                    | Month | Date | Year              | Month | Date |                                                       |
| 1.                             |            |                             |                         |       |      |                   |       |      |                                                       |
| 2.                             |            |                             |                         |       |      |                   |       |      |                                                       |
| 3.                             |            |                             |                         |       |      |                   |       |      |                                                       |
| 4.                             |            |                             |                         |       |      |                   |       |      |                                                       |
| 5.                             |            |                             |                         |       |      |                   |       |      |                                                       |

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**8. Professional Qualifications:**

(Please attach certified copies of all the relevant certificates).

| Institution | Qualifications<br>Obtained | Date of<br>Commencement |       |      | Effective<br>Date |       |      | Duration |
|-------------|----------------------------|-------------------------|-------|------|-------------------|-------|------|----------|
|             |                            | Year                    | Month | Date | Year              | Month | Date |          |
| 1.          |                            |                         |       |      |                   |       |      |          |
| 2.          |                            |                         |       |      |                   |       |      |          |
| 3.          |                            |                         |       |      |                   |       |      |          |
| 4.          |                            |                         |       |      |                   |       |      |          |
| 5.          |                            |                         |       |      |                   |       |      |          |

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**9. Training/Workshops Attended:**

(Please attach certified copies of all the relevant certificates).

| Institution | Name of the Training<br>Programme/Workshop | From |       |      | To   |       |      | Duration |
|-------------|--------------------------------------------|------|-------|------|------|-------|------|----------|
|             |                                            | Year | Month | Date | Year | Month | Date |          |
| 1.          |                                            |      |       |      |      |       |      |          |
| 2.          |                                            |      |       |      |      |       |      |          |
| 3.          |                                            |      |       |      |      |       |      |          |
| 4.          |                                            |      |       |      |      |       |      |          |

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**10. Academic Distinctions, Scholarships, Medals, Prizes etc.**

(Indicate the Institution from which such awards have been obtained/received. Please attach certified copies of all the relevant certificates).

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**11. Research & Publications if any:**

(If the space provided is insufficient, please use a separate sheet of the same size)  
(Please attach a copy of the supporting evidence)

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**12. Proficiency in Languages: Highest Examination passed in**

Sinhala:

Tamil :

English:

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**13.(a) Present occupation:**

1. Post :
2. Date of appointment to such post :
3. Whether confirmed in the present post :
4. Place of work with the Address :
5. Salary Scale of the post :
6. Present Salary      a. Basic Salary :
- b. Allowances :

**(b) Previous Employments, if any, with dates:**

(Attach the certified copies of service certificates)

| Post | Department/<br>Institution | Period of Service |       |      |      |       |      | Salary<br>Scale | Reason for<br>Cessation of<br>Employment |
|------|----------------------------|-------------------|-------|------|------|-------|------|-----------------|------------------------------------------|
|      |                            | From              |       |      | To   |       |      |                 |                                          |
|      |                            | Year              | Month | Date | Year | Month | Date |                 |                                          |
|      |                            |                   |       |      |      |       |      |                 |                                          |

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**14. Commendations/Punishments, if any, during your career in the University / Educational Institution**

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**15. Have you ever been served with a Vacation of Post notice by any other University/ Government Institution? If so please provide details.**

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**16. Extra Curricular Activities (University, National & International level)**

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**17. Any other relevant particulars (not included above)**

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**18. Names & addresses of two non-related referees:-**

| <b>Names &amp; addresses</b> | <b>Telephone No &amp; e-mail</b> |
|------------------------------|----------------------------------|
| 01                           |                                  |
| 02                           |                                  |

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**19. I do hereby certify that the particulars submitted by me in this application are true and accurate. I am aware that if any of these particulars are found to be false or inaccurate, I am liable to be disqualified before selection and to be dismissed without any compensation if the inaccuracy is detected after appointment.**

**Date**

**Signature of Applicant**

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**Note: -**

1. Submit your application according to the format indicated in the web site [www.pgis.lk](http://www.pgis.lk)
2. All applicants must complete the qualifications & experience by the closing date of the application. No qualification fulfilled after the closing date will be considered.
3. Applications not submitted according to this format and submitted without certified copies of required certificates to support qualifications & experience will be rejected.

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(TO BE COMPLETED BY THE HEAD OF THE DEPARTMENT WHERE APPLICABLE)

**For Internal Applicants Only**

**Director,  
POSTGRADUATE INSTITUTE OF SCIENCE**

Application is recommended and forwarded. I certify that the particulars given in numbers 01 to 17 of this application are correct according to the applicant's personnel file and if he / she is selected for the said post he / she can be / cannot be released.

**Remarks if any :**

.....  
Vice-Chancellor/Secretary/Registrar  
Rector/Director/DS/Personnel/UGC

Institute:.....

Date: .....

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**For public Service/Corporation/Statutory Board Candidates only**

**Director,  
POSTGRADUATE INSTITUTE OF SCIENCE**

Application is recommended and forwarded. I certify that the particulars given in numbers 01 to 17 of this application are correct according to the applicant's personnel file and if he / she is selected for the said post he / she can be / cannot be released.

**Remarks if any :**

.....  
Signature of the Head of the  
Governing Body & Official Stamp

Name :.....

Designation :.....

Date :.....

**20. Declaration by applicant if Head of the Institute has not completed the above  
(If applicable)**

If I selected for the position I am willing to resignation from the present position as my application has not come through the proper channel.

**Date**

**Signature of Applicant**

**Note: Candidates are required to request the relevant authorities of the respective universities where they studied to send their academic transcripts directly to the Deputy Registrar, Postgraduate Institute of Science, P.O. Box: 25, Old Galaha Road, Peradeniya on or before 25<sup>th</sup> November 2026. Their applications will not be considered in the absence of the academic transcript.**