



**The Open University of Sri Lanka**  
Application form

Promotion to the post of .....

01. Name of the Applicant : .....

02. First Appointment – Designation : .....

(A) Date of First Appointment : .....

(B) Type of First Appointment : Permanent / Temporary / Casual

03. (A) Present Post : .....

Date of appointment to the present post : .....

(B) Particulars of present post :

Grade	Date of Promotion

04. Salary Scale as at 31.12.2020 : .....

Salary Step as at 31.12.2020 : Rs. ....

05. Have you been confirmed in the post? .....

06. Particulars of service of the University :

Post held	Division/Department	Period of Service

07. Particulars of service from date joining the University System :

University/Institute	Post	Period of Service

08. Brief description of your duties :

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09. Have you obtained no pay leave for employment or study abroad? .....

(A) If you have obtained such leave indicate the dates of commencement and the date of expiry :

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.....

I do hereby declare that the information given above are true and accurate to the best of my knowledge. I am also well aware that if any information given above are found false or inaccurate before or after I am promoted to the said post my promotion is subjected to a cancellation.

Date : .....

.....

Signature of Applicant

**Special Report that should be submitted by a Candidate along with  
an Application for Promotion**

**Instructions to :**

**Candidate :**

Part One of the Special Report should be filled by the Candidate. The Candidate is also responsible to obtain leave particulars certified by the authorities concerned before handing over the application.

**Heads of Divisions/Departments :**

The Head of the Division/Department is responsible to fill the Part Two of the Special Report on the basis of his knowledge and experience of the conduct and work performed by the applicant. The Head of the Division/Department is also requested to make his recommendation and forward this Special Report along with the application for promotion.

**Part One**

Post applied for : .....

(01) The Employee :

01. Name of the Employee : .....

02. Date of Birth : ..... Age on 31.12.2020: Years : ..... Months : .....

03. Present Post : .....

04. Date of appointment to the present post : .....

05. Dates of previous appointments with designations :

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06. Educational Qualifications :

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(02) List of duties :

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(03) Particulars of leave taken during last three years :

	2018	2019	2020
(a) Casual	.....	.....	.....
(b) Vacation	.....	.....	.....
(c) Medical	.....	.....	.....
(d) Study	.....	.....	.....
(e) No-pay	.....	.....	.....
(f) Half-pay	.....	.....	.....

.....  
Signature of candidate

.....  
Signature of the officer  
certifying above information

Date : .....

## Part Two

(04) Administration report

### Work performance:

(Please describe the work performed by the employee in terms of quality and quantity expected in the job/post)

(a) Scope for work improvement

(Describe the nature of work which could have been improved by the employee during the period, in terms of quantity and quality)

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(b) Strength of employee

(What are the assets of employee that are useful to the University)

(i) Skills – Communication – Writing : .....

(ii) Performance : .....

(iii) Special Contribution : .....

(c) Weaknesses :

- (i) Inadequate skills
- (ii) Absence from work place
- (iii) External obstacles which have influenced the performance
- (iv) Resistance to change
- (v) Delays in attending to work
- (vi) Any other

(d) Employee's improvement during the period :

(Describe the manner in which the employee has improved himself/herself during the period)

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(e) Employee's failure :

(Identify situations of failure, neglect and any other damages caused to the University, its property, work, good will etc.)

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(f) Punishments received by the employee :

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(g) Commendations received by the employee :

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(05) Are there any action which might taken which would lead to higher levels of career achievements?

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(06) Any other comments :

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(07) Recommendation for promotion : Recommend / Not recommend

If recommend :   Very Good   [   ]  
                          Good           [   ]  
                          Satisfactory [   ]

Date : .....

.....

Signature of the Recommending Officer

Designation of the Recommending Officer : .....