



Ref:.....

UNIVERSITY OF JAFFNA
APPLICATION FOR THE POST OF TECHNICAL OFFICER (ICT)

1. Personal Information

- 1.1 Full Name
1.2 Name with Initial /s (Whether Mr./Mrs./Miss.)
1.3 a) Address i. Postal ii. Private
b. Telephone Number (i) Land (ii) Mobil
c. Fax Number (if, any)
d. Email Address (if, any)
1.4 Date of birth 1.5 Age
1.6 Sex 1.7 Civil Status
1.8 National Identity card No

2. Educational Record

2.1

Table with 4 columns: School attended, From, To, Last Class passed

2.2 - I G.C.E (O/L) Examinations (Attach copy of Certificates)

Table with 4 columns: NO, Subjects, Grade & Year (1st sitting, 2nd sitting, 3rd sitting)

2.2 -II G.C.E (A/L) Examinations (**Attach copy of Certificates**)

No	Subjects	Grade & Year		
		1 <sup>st</sup> sitting Yr .....	2 <sup>nd</sup> sitting Yr .....	3 <sup>rd</sup> sitting Yr .....
1				
2				
3				
4				

2.3

a) Any other Educational Qualification (University Education - Degrees, Diploma, Etc)

Professionals Qualification (Computer, Finance.....etc) (**Attach copy of relevant documents**)

Course Detail (Name of Institute, Name of Course)	From	To	Course followed (with subjects)	Date of final Examination(Give class or grade)

b) Higher examination passed in Tamil/ Sinhala / English

i) Tamil :..... ii) Sinhala :..... iii) English :.....

**3. Working Experience (If any):**

Present occupation (if applicable)

a)

i) Designation :

ii) Date of appointment :

iii) Department / Institution and its address :

iv) Nature of Appointment : Permanent / Contract / Temporary / Casual / .....

v) Salary scale:

vi) Present salary

a) Basic :

b) Allowance :

b) All previous appointment including those under training, if any, with dates :

No	Institution/Department	Post	From - To	Salary Point	Job Description/ Designation
01					
02					
03					
04					
05					

c) If you are retired from Government Service, give date of retirement, the last salary drawn and the pension

.....  
 .....  
 .....

d) If your service in a government Department or a Corporation were terminated, give reasons.

.....  
 .....  
 .....

e) Where a period of experience is a requirement for the post applied, state period of such experience? (**Attach copy of experience letters**)

i) .....  
 ii) .....  
 iii) .....

**4. Extra Curricular Activities**

No.	Activity
1.	
2.	
3.	
4.	
5.	

**5. Other relevant Particulars**

No.	Description
1.	
2.	
3.	
4.	

**6. Name and address of two referees:**

Name	Address
1. ....	..... ..... .....
2. ....	..... ..... .....

I do hereby certify that all particulars stated by me in this application are true and accurate, I am aware that if any of the particulars are found to be false or inaccurate prior to my selection my application will be rejected from and that if particulars are found to be false or inaccurate after my selection, I will be dismissed from service without compensation.

Date : .....  
.....  
Signature of applicant

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If the applicant is an employee in a *Government / Corporation / Statuary Board* this section should be filled by such *Head of the Department / Institution*.

The applicant will / will not be released, if selected for appointment.

.....  
Head of Institution

Name : .....

Designation : .....

Date : .....

**PAYING IN VOUCHER**



**UNIVERSITY OF JAFFNA, SRI LANKA  
THIRUNELVELY JAFFNA**

Please pay at any Branch of the People's Bank

People's Bank / \_\_\_\_\_

Bank Manager,  
Please credit to Account No. **162-1001-60000-880** of  
the University of Jaffna, Sri Lanka, at the **University**  
Branch of the Peoples' Bank.

**Name of Payer** \_\_\_\_\_

**Name of Applicant** \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Post Applied for: \_\_\_\_\_

Total Amount Payable: \_\_\_\_\_

Total in words: : \_\_\_\_\_  
\_\_\_\_\_

.....  
Date

.....  
**Depositer Signature**

Received the above mentioned amount to be  
credited to the Account No. **162-1001-60000-880**  
of the University of Jaffna, Sri Lanka, at the  
**University Branch** of the Peoples' **Bank**

.....  
Signature of the Manager/  
Authorised Officer & Bank Seal

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**Name of Applicant** \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Post Applied for: \_\_\_\_\_

Total Amount Payable: \_\_\_\_\_

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