Form No:



UNIVERSITY OF JAFFNA, SRI LANKA FORM OF APPLICATION

POST:

1. Name in Full:

DEPARTMENT / DISCIPLINE:

(Indicate the name of the post as given in the advertisement)

2. Whether Rev./ Pro	t./ Dr./ Mr./ Mrs.,	/ Miss.					
3. (a) Postal address : (Any changes should be	: e communicated immediat						
(b) Contact Teleph							
Fax:							
e-mail address	1						
4. (a) Date of Birth:							
5. National Identity Card No:							
6. Civil Status :			Single / Married				
7. Gender:			Male/ Female				
8. State whether citiz State whether by I If by registration, a certificate of citize							
9. Education -Schools	attached:						
		F	rom		То		
1.							
2.							
3.							
10. Qualifications	; -						
(All qualifications	to be considered	l should be ind	icated in the ap	plication)			
(All qualifications to be considered should be indicated in the application) (Copies of Educational, Professional and All other Relevant Certificates/Transcripts should be							
<u>attached</u>)							
10.(a) University Educ	ation						
University and Registration No.	Degree/ Diploma etc.	**Subject/s offered	Duration with dates	Class	GPA	Effective date	
1.							
2.							
** If the degree is	a special degree, pl	ease indicate on	lv the subject in w	hich specio	ılized.		

10.(b) Postgraduate E	ducation							
Postgraduate Degree/ Diploma etc. and University & Registration No.	Field of Study	Ful OI	hether II time r Part iime	Whether by Course work / Course with Research component / By Research	Class/ Grade/ GPA	Durations with dates and No. of Academic years	Effective date	
1.								
2.								
3.								
10.(c) Professional /Sp	pecial Qualification	ıs						
Institution	Qualifications obtained		Duration with dates		es	Effective date		
1.								
2.								
3.								
11. Any other Acader (Indicate the Insti			=					
1.								
2.								
3.								
12. Research & Publi The name of the should be mention	Journal in which t	nsuf	ficient, 		arate shee	et of same size		
13. Higher Examinati	on passed in Tam	 il / S	inhala			······································	•••••	
10. Higher Examinati	on passeu iii ralli	ııı / J	ıı ıı ıaıa.					

14. The service certificates should be as a) Present Occupation	ttached in order to prove the servi	ce experience)		
i. Designation	:			
ii. Date of Appointment to such	post:			
iii. Place of work with address	:			
iv. Whether confirmed in the po	st :			
v. Nature of Appointment: Perm	nanent / Contract / Temporary /	′ Casual /	•••••	
vi. Salary scale :	, ,			
a. Basic Salary :				
b. Allowance :				
S. Allowance .				
(b)Previous appointments if any, v (If space is insufficient, Please use				
Post	Department/Institution	From	То	
1.				
2.				
3.				
(c) If you are retired from Governm				
give date of retirement, the last and the pension.	salary drawn			
(d)If your services in a Government	:			
Department, Higher Education o				
Corporation were terminated, give reasons. 15. Extra-Curricular activities. (University, National & International level) (If space is insufficient,				
Please use separate sheet of sam		ievei) (ij spac	e is insumcient,	
16. Any further relevant particulars.				
(Not included above)				
17. Name of two non-related referees	with address & contact no.			

Name & Address	E-mail Address and Contact No.				
1					
2					
I hereby certify that the particulars submitted by me in this application are true and accurate. I am aware if any of the 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				
	e in a Government / Corporation or Statuary Board this section of the Department / Institution.				
The applicant will / will not be released, if selected for appointment.					
	Head of Institution (Official Rubber Stamp)				
Name :					
Designation :					
Date :					