Ref:……..

UNIVERSITY OF JAFFNA, SRI LANKA

APPLICATION FOR THE POST OF ……

1. Personal Information

1.1 Full Name ……

……

1.2 Name with Initial/s ……
(Whether Mr./Mrs./Miss.)

1.3 a) Address

i. Permanent ……

……

ii. Private ……

……

b. Telephone Number (i) Land …… (ii) Mobile ……

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. 2.1 Educational Record

Educational Qualification (University Education – Degrees, Diploma, Etc)
(Attach copies 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)

2.2 Professional Qualification

Professional Qualification (Computer, Finance…..etc) (Attach copies of relevant documents)

Name of Qualification	From	To	Specialized in [field]	Date of final Examination(Give class or grade)

3. Working Experience

3.1.

a) Present occupation :

i) Designation :

ii) Date of appointment :

iii) Department / Institution and its address :

iv) Nature of Appointment : Permanent / Contract / Temporary / Casual / Self Employed ……

v) Present salary a) Basic :

b) Allowance :

vi) Present monthly earnings/income:

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

Institution/Department	*Post*	*From To*	*Salary Scale*	*Job Description/ Designation*

3.2. Where a period of experience is a requirement for the post applied, state period of such experience? (Attach copies of experience letters)

i) ……

ii) ……

iii) ……

iv) ……

v) ……

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

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4.Extra Curricular Activities *(Attach copies of relevant documents)*

5. Other relevant Particulars *(Membership of Professional Bodies) [Attach copies of relevant documents]*

6. Name and address of two referees:

Name	**Address**
1. ……	*……*
TP No: ……	*……*
	……
2. ……	*……*
TP No: ……	*……*
	……

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

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.

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Head of Institution

Name :……

Designation :……

Date :……