

UNIVERSITY OF JAFFNA, SRI LANKA FORM OF APPLICATION

POST: DEPARTMENT / DISCIPLINE:				
1. Name in Full : (See note below)				
2. Whether Rev./ Prof./ Dr./ Mr. Miss.	./ Mrs./			
3. (a) Postal address : (Any changes should be communicated imm (b) Contact No : Telephone : Fax : e-mail address :	nediately)			
4. (i) Date of Birth & Age : (ii) Identity Card No :				
5. Civil Status :				
6. State whether citizen of Sri L Decent or Registration. registration, give Registration N	If by			
7. EducationSchool at 1. 2.	tached			
3.				
8. * University Education (Degree, Diploma etc. and the Name of the University and Registration No)	Duration of the Degree with dates		** Subject/s offered	Results (Give class/grade/GPA and effective date)

* If you were registered as a student in University under any other name please indicate such name within brackets.

** If the degree is a special degree, please indicate only the subject in which specialized. Academic Establishments, University of Jaffna Page 1 of 4

Q Postonoducto Education	
9. Postgraduate Education	
a) Name of the Degree / Diploma with	
Registration No :	
b)Name of the University :	
c) Whether Full time or Part time :	
d)Whether by Course work / Course	
with Research component / By	
Research :	
e) Duration of study with dates :	
f)Field of study and the Title of Research:	
g)Effective date of Degree/ Diploma :	
h)Class / Grade / GPA :	
10. Special Qualifications : (Professional etc.)	
Scholarships, Medals, Prizes etc. (Indicate the Institution from which such awards have been obtained)	
12. Research & Publications, if any : (If space is insufficient, please use sep the Journal in which the Publications has should be mentioned.	

13. Higher Examination passed in Tamil / Sinł						
14. a) Present Occupation		·				
i. Designation :						
ii. Date of Appointment :						
iii. Dept. / Institution and its address :						
iv. Nature of Appointment : Permanent / Co	ontract / Tempora	ry / Casua	/			
v. Salary scale :						
a. Basic Salary :						
b. Allowance :						
b) Previous appointments, if any with date	25					
Department / Post	Salary scale		nte -			
Institution	, , , , , , , , , , , , , , , , , , ,	From	To			
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.						
15. Extra Curricular activities.						

16. Any further relevant particulars. (Not included above)	
17. Name of Two persons(with address to wh <u>Name</u>	nom reference can be made) <u>Address</u>
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

18. If the applicant is an employee in a Government / Corporation or 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 :
Nata :
Date :