Form No:

UNIVERSITY OF JAFFNA, SRI LANKA

APPLICATION FOR THE POST OF TECHNICAL OFFICER GRADE. II SEG. A

| 1. | (a) Name with initials: (Whether Mr/Mrs/Miss) | | | | |
|----|--|--|--|--|--|
| | (b) Name in full : | | | | |
| 2. | (a)Postal Address: (Any changes should be communicated immediately) | (b)Contact No : Mobile No: Fax No: e-mail address : | | | |
| 3. | (a) Date of Birth : | (b) Age at the closing date of Application: | | | |
| | | Yrs: Months: Days: | | | |
| 4. | (a) Identity Card No: | (b) Civil Status : | | | |
| 5. | Educational Qualifications : | | | | |
| 6. | Professional & Other Qualifications, if any: (National Diploma in Technology in the field Green Technology/ Food Technology/ Bio Technology/ Auto Mobile Engineering/Mechanical Engineering/ Electrical & Electronic Engineering) please attach the certified copy of the documents. | | | | |
| 7. | Extracurricular activities if any : | | | | |

| 8. Employment record: Starting with your recent post, give in reverse order, details of your employment record. Salary Particulars should be recent one or that at the time of leaving, the post (annex a separate sheet if necessary) | | | | | | | |
|---|-------------------|--|----------------------------|----------------|--|--|--|
| | | PERIOD | SALARY | | | | |
| 2007 | 0004117477011 | | POINT & | DESCRIPTION OF | | | |
| POST | ORGANIZATION | | SALARY | DUTIES | | | |
| | | From To | SCALE | | | | |
| 9. Any other rele | vant particulars: | | | | | | |
| | | | | | | | |
| 10. If your services in a Government Department or a Corporation were terminated, give details and the reasons: | | | | | | | |
| 11. Names and addresses of two persons from whom reference can be made: | | | | | | | |
| I do hereby certify that the particulars given by me in this application are true and accurate, I am aware that if any particulars are found to be false or inaccurate prior to my selection, my application will be rejected, and that if any particulars are found to be false or inaccurate after my selection, I will be dismissed from the service without any compensation. | | | | | | | |
| Date: | | | Signature of the Applicant | | | | |
| This section is relevant to those who are in service. | | | | | | | |
| This application is recommended & forwarded | | | | | | | |
| | •••• | | | | | | |
| Date: | | Signature of the Head of Department (Official Rubber Stamp) | | | | | |