



APPLICATION
EBNAUCJ

Ref:.....

UNIVERSITY OF JAFFNA, SRI LANKA.

APPLICATION FOR THE POST OF UNIVERSITY MEDICAL OFFICER

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) 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

1.9 Applicant of Security Inspector only.

a. Height (Feet).....(inches) b. Chest (inches)

2. Educational Record

Educational Qualification (University Education - Degrees, Diploma, Etc) ,

Professional Qualification (Computer, Finance.....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)

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 /

v) Salary scale:

vi) Present salary a) Basic :

b) Allowance :

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

5. Other relevant Particulars

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 :