



Faculty of Allied Health Sciences
UNIVERSITY OF JAFFNA, SRI LANKA
FORM OF APPLICATION FOR TEMPORARY POSITION

	POST :				
	DISCIPLINE :				
1.	Name in Full :				
	(See note below)				
2.	Whether Rev./ Prof./ Dr./ Mr./ Mrs./ Miss.				
3.	(a) Postal address				
	(Any changes should be communicated immediately)				
	(b) Contact No :				
	(c) Telephone :				
	(d) Fax :				
4.	(i) Date of Birth & Age :				
	(ii) Identity Card No :				
5.	Civil Status :				
6.	University Education (Degree, Field of Specialization)	University Reg. No.	Duration of the Degree with dates	Results (Give class/grade/GPA and effective date)	Name of the University

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

7.	a) Present Occupation				
	i. Designation :				
	ii. Date of Appointment :				
	iii. Dept. / Institution and its address :				
	iv. Nature of Appointment: Permanent / Contract / Temporary / Casual /				
	v. a. Salary scale :				
	b. Basic Salary :				
	c. Allowance :				

b) Previous appointments, if any with dates

Department / Institution	Post	Salary scale	Date	
			From	To

8. Name of Two persons(with address to whom reference can be made)

Name

Address

1.

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2.

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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:

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Signature of applicant