UNIVERSITY OF JAFFNA, SRI LANKA

APPLICATION FOR THE POST OF CHIEF SECURITY OFFICER, GRADE II [Internal]

1. Personal Intormation						
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)	(i) Land(ii) Mobile				
c. Fax Number (if, ar	ıy)					
d. Email Address (if,	any)					
1.4 Date of birth		1.5 Age				
1.6 Sex						
1.8 National Identity Card	No					
2. Educational Records:						
2.1 Undergraduate/ P	ostaraduat	e Qualifi	ications			
(Certified copies o	-			d)		
Name of the Course Bachelor/Postgraduate Degree/Diploma	University	Class with GPA	Date of Commencement	Effective date	Duration: Prescribed period of Registration	
	<u> </u>					

2.2 Professional Qualification

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

(Certified copies of the certificates should be attached)

Institution	Qualifications: Field of specialization	Date of Commencement	Effective date	Duration: Prescribed period of Registration

_			_		
~	1/1	'orkina	LVna	MIANA	ο.
J.	٧v	OI KING	しんひと	STIETIC	٠.

3.1. (on the services experience you have	-	•	rmed Services in	
a)	he rank of Assistant Sup Present occupation :	erintendent of Police, Captain of	f Army etc, if you	u have)		
	i) Designation:					
	ii) Date of appointm	ent :				
	iii) Department/ Ins	titution and its address :				
	iv) Nature of Appoin	tment : Permanent / Contro Self Employed			/	
	v) Present salary	a) Basic :				
	vi) Present monthly e	b) Allowance: carnings/income:				
b)	All previous appointm	nent including those under tro	aining, if any, w	ith dates :		
Ins	titution/Department	Post/ Rank in the Police/Army or other Armed Services	From	То	Salary	
3.2.	of experience (Certif	ents/Commendations/Medals, ied copies of the Certificat		_	relevant period	
	ii)					
	iii)					
	iv)					
	v)					
3.3	If you were termina	ted service in a government [Department or (a Corporation	, give reasons.	

T. C	XIra Curricular Acti	villes (certified copi	es of the certi	ricales should be allached)
4.1	Sports activities under	taken:		-
	a.			
	b.			
	c.			
	d.			
4.2				
4.3				
4.4				
4.5				
		(AA . I	10 1 2	
		(Membership of Professi	onal Bodies) (Certi	fied copies of the certificates should be attached)
5.1				
5.2	·			
5.3				
5.4				
5.5				
		-li£:4:		
5. MI	gnest educational qui	alification obtained in		T . 1
			3.3	Singhala
/. N	ame and address of	two reterees:		
	Note: the of Defences	D. 6 1		D.C 2
	Details of Referees	Referee 1		Referee 2
1 2	Full Name:			
3	Designation:			
4.1	Department: Contact No: Official-			
4.2	Mobile-			
5	E.Mail:			
5	Address:			
	71441 6551			
T do	hereby certify that	all particulars stated	by me in this an	plication are true and accurate, I am
	• •	•	•	ccurate, I am liable to be disqualified
	•			n if the inaccuracy is detected after
	ntment.	e alsillissea wiillour a	my compensation	The maccuracy is defected upper
αρροι	mmem.			
Nate				
Duie		•		Signature of applicant
				Signature of applicant
	• • •	•	•	Statuary Board this section should be
filled	by such Head of the	Department / Institu	tion.	
The o	applicant will / will not	t be released, if select	red for appointm	ent.
				Head of Institution
Vame	:			
Sesio	nation :			
-	•			
Nata	•			