***Ref:……………………………………..***

**UNIVERSITY OF JAFFNA, SRI LANKA**

**APPLICATION FOR THE POST OF CURATOR LANDSCAPE, GRADE III**

**1. Personal Information**

* 1. Full Name

1.2 Name with Initial/s

 (Whether Mr./Mrs./Miss.)

 1.3 a) Address

1. Permanent

1. Private

 b. Telephone Number (i) Land....................................... (ii) Mobile....................................

 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

**2. Educational Records:**

 **2.1 Undergraduate/ Postgraduate Qualifications**

 **(Certified copies of the certificates should be attached)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  Name of the CourseBachelor/PostgraduateDegree/Diploma | University | Class with GPA | Date of Commencement | Effective date | Duration:Prescribed period of Registration |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

 **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 |
|  |  |  |  |  |
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**3**. **Working Experience:**

 3.1. (Please give special emphases on the services experience you have gained in Landscaping in a State/ Corporation or reputed Private sector organization in a supervisory capacity etc, if you have)

* 1. Present occupation :
		1. Designation :
		2. Date of appointment :
		3. Department/ Institution and its address :
		4. Nature of Appointment : Permanent / Contract / Temporary / Casual /

 Self Employed …………………………………….

* + 1. Present salary a) Basic :

 b) Allowance:

 vi) Present monthly earnings/income:

* 1. All previous appointment including those under training, if any, with dates :

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Institution/ Department** | **Post/ Experience in Landscaping in a State/ Corporation or reputed private sector organization in a supervisory capacity** | **From** | **To** | **Salary** |
|  |  |  |  |  |
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* 1. List of accomplished items items/Projects as Curator (Testimonies/ Photographs should be attached)
		1. …………………………………………………………………………………………………………………………………………………………………
		2. …………………………………………………………………………………………………………………………………………………………………
		3. …………………………………………………………………………………………………………………………………………………………………

**List of Commendation/ Awards during the period of experience** (Testimonies/ Photographs should be attached)

* + 1. …………………………………………………………………………………………………………………………………………………………………
		2. …………………………………………………………………………………………………………………………………………………………………
	1. If you were terminated service in a government Department or a Corporation, give reasons.

 …………………………………………………………………………………………………………………………………………………………………………………

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 **4. Extra Curricular Activities (Certified copies of the certificates should be attached)**

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| --- |
| 4.1 |
| 4.2 |
| 4.3 |
| 4.4 |
| 4.5 |

**5. Other relevant Particulars** (Membership of ProfessionalBodies) **(Certified copies of the certificates should be attached)**

|  |
| --- |
| 5.1 |
| 5.2 |
| 5.3 |
| 5.4 |
| 5.5 |

**6**. **Highest educational qualification obtained in Languages**: 1. English ………………

 2. Tamil ………………

3.Singhala ……………..

**7. Name and address of two referees**:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Details of Referees** | **Referee 1** | **Referee 2** |
| **1** | Full Name: |  |  |
| **2** | Designation: |  |  |
| **3** | Department: |  |  |
| **4.1** | Contact No: Official-  |  |  |
| **4.2** | Mobile-  |  |  |
| **5** | E.Mail : |  |  |
| **6** | Address: |  |  |

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, 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

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.

…………………………………………

 Head of Institution

Name :…………………………………………

Designation :…………………………………………

Date :…………………………………………

Affix the counterfoil of the bank deposit slip as the proof of the Application Fee

Fee Paid Rs:……………………………………………….

Paying Bank (Branch):……………………………………………

Paying Date:………………………………………………………….

**Please affix the bank counterfoil here**