



UNIVERSITY OF JAFFNA, SRI LANKA

Application form for the Post of Public Health Networking Person - Full Time - (On Contract)

This is Public Health (TIPH) Global Grant Program

Faculty of Medicine, University of Jaffna

1. Name with initials (Dr./Mr./Mrs./Miss.)

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2. Name denoted by initials

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3. Permanent Address:

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4. Temporary Address:

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5. Telephone No: 1. Landline:

6. E-mail Address:

2. Mobile :

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7. Date of Birth:

8. NIC No:

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9. Gender:

10. Civil Status:

11. Age as at closing date of application: Year: Month: Days:

12. Nationality:

13. State whether citizen of Sri Lanka by Descent : Yes/ No

14. Educational Qualification:

a) University Education (Degrees, Diploma, etc.): (Please bring the Original certificates at the interview)

University/ Higher Education Institute	Period	Course followed	Subjects	Class	Effective Date

15. Professional Qualifications: (Please bring the Original certificates at the interview)

Institute & Address	Professional experience & qualifications	Year

16. Highest Examination passed in Sinhala/English /Tamil :

Sinhala:

English :

Tamil :

17. Where a period of experience is a requirement for the post applied, state periods of such experiences: (Please bring the Original certificates at the interview)

Institution/Department	Post	Duration

18. Previous experience in Project handling :
(Please bring the Original certificates at the interview) :

Institution/Project	Post	Duration

19. Present Occupation : (If applicable)

- a. 01. Post :
- 02. Date of appointment to such post :
- 03. Whether confirmed in the present post :
- 04. Place of Work :
- 05. Salary Scale of the Post :
- 06. Present Salary: (a) Basic:
- (b) Allowances:

b. Previous appointments including those under training, if any, with dates:

Institution/Department	Post	Salary Scale	Period (From - To)

20. Any other Particulars (If not enough this row, Please annex an attachment herewith)

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21. Name and address of two referees (Non Relatives)

Name	Address
1.
TP No :
2.
TP No :

22. Declaration of Applicants:

I certify that all particulars stated by me in this application are true and correct, 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 particulars are found to be false or inaccurate after my selection, I will be dismissed from service without any compensation.

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Date

Signature of Applicant

NOTE: Applicants in the services of Government, Corporations or Statutory Boards should forward their applications through the head of the institution concerned.

23. Forwarded:

I certify that the particulars given in columns 01 to 21 of this application are correct according to the applicant's personal file. He/ She could be released/ could not be released from this institution if selected for appointment.

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Date

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Signature of Head of the Dept./Institution

Rubber Stamp