

## UNIVERSITY OF JAFFNA, SRI LANKA FORM OF APPLICATION

<b>DEPARTMENT / DISC</b> (Indicate the name of the		ment/Discipline	as given in the adve	rtisement)		
1. Name in Full:						
*(See note below)						
2. Whether Rev./ Pro	of./ Dr./ Mr./ Mrs.	/ Miss.				
<b>3.</b> (a) Postal address (Any changes should be	: e communicated immediat	ely)				
(b) Contact Teleph Fax :	none No :					
e-mail address	:					
<b>4.</b> (a) Date of Birth:						
(b)Age at the closi	ng date of Applica	ntion:				
5. National Identity Card No:						
<b>6.</b> Civil Status :			Single / Married			
7. Gender :		Male/ Female				
8. State whether cities State whether by If by registration, certificate of citize 9. Education -School	Descent or Registr give reference No enship:	-				
5. Education School	s attached.		From		То	
1.						
2						
2.						
3.						
(Copies of Educati attached)	s to be considered ional, Professiona		•	•	-	should be
10.(a) University Educ	ation	T	1		Γ	1
University and Registration No.	Degree/ Diploma etc.	**Subject/s offered	Duration with dates	Class	GPA	Effective date
1.						
2.						

POST:

<sup>\*</sup> If you were registered as a student in University under any other name please indicate such name within brackets.

<sup>\*\*</sup> If the degree is a special degree, please indicate only the subject in which specialized.

10.(b) Postgraduate Education							
Postgraduate Degree/ Diploma etc. and University & Registration No.	Field of Study	Whether Full time or Part time	Whether by Course work / Course with Research component / By Research	Class/ Grade/ GPA	Durations with dates and No. of Academic years	Effective date	
1.							
2.							
3.							
10.(c) Professional /Sp	ecial Qualifications						
Institution	Qualifications obtained	Duration with dates			Effective date		
1.							
2.							
3.							
11. Any other Acader (Indicate the Insti	mic Distinctions, Sc tution from which	=					
1.							
2.							
3.							
12. Research & Publications if any:  The name of the Journal in which the Publications has been made and the date of the Journal should be mentioned. (If space is insufficient, Please use separate sheet of same size)							
13. Higher Examination	on passed in Tamil	/ Sinhala.					

14. (The service certificates should be	-	ice experience. Ti	he
appointment letters will not be con a) Present Occupation	sidered for service experience.)		
i. Designation	:		
ii. Date of Appointment to such	ı post :		
iii. Place of work with address	:		
iv. Whether confirmed in the po	ost :		
	manent / Contract / Temporary /	' Casual /	
vi. Salary scale :	, , , , , , , , , , , , , , , , , , , ,	•	
a. Basic Salary :			
b. Allowance :			
	th data		
(b)Previous appointments if any, (If space is insufficient, Please use			
Post	Department/Institution	From	То
1.	, ,		
2.			
3.			
(c) If you are retired from Government			
give date of retirement, the last	salary drawn		
and the pension.  (d)If your services in a Governmen	t		
Department, Higher Education of			
Corporation were terminated, g			
15. Extra Curricular activities. (Unive	ersity, National & International	level)	
(If space is insufficient, Please us	se separate sheet of same size)		
16 Any further relevant particulars			
<b>16.</b> Any further relevant particulars. (Not included above)			
(Not included above)			

	o non related referees with addres	s & contact no.
Please Note		s are compulsory. You can send referees reports
_	with the application under sealed	
D (		or
		rts directly addressed to the Vice-Chancellor of nt, post applied & the Department" at the top
	rner of the envelope.	nt, post applied & the Department at the top
<u>Name</u>	& Address	E-mail Address and Contact No.
1		
2		
aware if any of	the particulars are found to be fa	me in this application are true and accurate. I am alse or inaccurate, I am liable to be disqualified compensation if the inaccuracy is detected after
Date :		
		Signature of applicant
• •	ant is an employee in a Governmer lled by such Head of the Departme	nt / Corporation or Statuary Board this section nt / Institution.
The applica	nt will / will not be released, if selec	cted for appointment.
		Head of Institution
		(Official Rubber Stamp)
Name :		
Designation :		

The paid Bank Slip for the deposit of a sum of Rs.100/- credited to the Peoples Bank Account No: **162-1-001-6-0000880** of Bursar, University of Jaffna should be attached with the application form.