

UNIVERSITY OF JAFFNA, SRI LANKA FORM OF APPLICATION

POST:			
DEPARTMENT / DISCIPLINE : (Indicate the name of the post and the Department/Discipline as given in the adve	ertisement)		
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 Telephone No : Fax : e-mail address :			
4. (a) Date of Birth:			
(b)Age at the closing date of Application:			
5. National Identity Card No:			
6. Civil Status : Single / Married	d		
7. Gender : Male/ Female			
 8. State whether citizen of Sri Lanka State whether by Descent or Registration) If by registration, give reference No & date of certificate of citizenship: 			
9. Education -Schools attached: From		То	
1.		10	
2.			
3.			
10. Qualifications -			
(All qualifications to be considered should be indicated in the a	-	-	
(<u>Copies of Educational, Professional and All other Relevant Cert</u>	ificates/T	ranscripts s	should be
<u>attached</u>) 10.(a) University Education			
University			Effective
andDegree/**Subject/sDurationRegistration No.Diploma etc.offeredwith dates	Class	GPA	date
1.			
2.			

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

****** 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	Dura	ation with dates		Effective date	
1.						
2.						
3.						
11. Any other Academic Distinctions, Scholarships, Medals, Prizes etc. (Indicate the Institution from which such awards have been obtained)						
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 passed in Tamil / Sinhala.						

14. (The service certificates should be attached in order to prove the service experience. The appointment letters will not be considered for service experience.)				
a) Present Occupation				
i. Designation	:			
ii. Date of Appointment to such	n post :			
iii. Place of work with address	:			
iv. Whether confirmed in the po	ost :			
v. Nature of Appointment: Perr	manent / Contract / Temporary /	'Casual /		
vi. Salary scale :				
a. Basic Salary :				
b. Allowance :				
(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 Governr give date of retirement, the last				
and the pension. (d)If your services in a Governmen	t			
Department, Higher Education				
Corporation were terminated, g 15. Extra Curricular activities. (Unive		avall		
(If space is insufficient, Please us	-	evelj		
10 And further relevant continuit				
16. Any further relevant particulars. (Not included above)				
· ,				

17. Name of two non-related referees with address Please Note that:-	& contact no.
Submitting of two non-related referees reports either along with the application under sealed e	
5 11	or ts directly addressed to the Vice-Chancellor of
Name & Address	E-mail Address and Contact No.
1	
2	

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 :

Signature of applicant

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18. If the applicant is an employee in a Government / Corporation or Statuary Board this section should be filled by such Head of the Department / Institution.			
The applicant will / will not be released, if selected for appo	pintment.		
	Head of Institution		
Name :	(Official Rubber Stamp)		
Designation :			
Date :			

The paid Bank Slip for the deposit of a sum of Rs.100/- credited to the Peoples in favour of **University** of Jaffna Collection Account Number: 97000090000387of Bursar, University of Jaffna should be attached with the application form.