

UNIVERSITY OF JAFFNA, SRI LANKA FORM OF APPLICATION

	EPARTMENT / DISC dicate the name of the		ment/Discipline	as given in the adve	rtisement)		
1.	Name in Full :						
	*(See note below)						
	Whether Rev./ Pro		/ Miss.				
3.	(a) Postal address : (Any changes should be	: e communicated immediate	ely)				
	(b) Contact Teleph Fax :						
	e-mail address :						
4.	(a) Date of Birth:						
	(b)Age at the closing	ng date of Applica	ition:				
5.	National Identity C	Card No:					
6.	Civil Status :			Single / Married	1		
7.	Gender :			Male/ Female			
8.	State whether citiz	en of Sri Lanka					
	State whether by [Descent or Registr	ation)				
	If by registration,	give reference No	o & date of				
	certificate of citize	-					
9.	Education -Schools	s attached:					
9.	Education -Schools	s attached:		From		То	
9.	Education -Schools 1.	s attached:		From		То	
9.		s attached:		From		То	
9.	1. 2.	s attached:		From		То	
9.	 1. 2. 3. 			From		То	
	 2. Qualifications 	-	should be in		pplication		
	 Qualifications (All qualifications) 	- to be considered		dicated in the ap	-)	should be
	1. 2. 3. Qualifications (All qualifications) (Copies of Education)	- to be considered		dicated in the ap	-)	hould be
10	 Qualifications (All qualifications) 	- to be considered onal, Professiona		dicated in the ap	-)	hould be
10	1. 2. 3. Qualifications (All qualifications (Copies of Educations)	- to be considered onal, Professiona ation	l and All oth	dicated in the aper Relevant Certi	-)	
10	1. 2. 3. Cualifications (All qualifications (Copies of Educations attached) O.(a) University Educations	to be considered onal, Professional ation Degree/	**Subject/	dicated in the aper Relevant Certi	-)	Effective
10	1. 2. 3. 0. Qualifications (All qualifications (Copies of Educations attached) 0.(a) University Education	- to be considered onal, Professiona ation	l and All oth	dicated in the aper Relevant Certi	ficates/T	ranscripts s	
10	1. 2. 3. 0. Qualifications (All qualifications (Copies of Educations attached) 0.(a) University Education University and	to be considered onal, Professional ation Degree/	**Subject/	dicated in the aper Relevant Certi	ficates/T	ranscripts s	Effective
10	1. 2. 3. 0. Qualifications (All qualifications (Copies of Educations attached) 0.(a) University Education University and	to be considered onal, Professional ation Degree/	**Subject/	dicated in the aper Relevant Certi	ficates/T	ranscripts s	Effective
10	1. 2. 3. 0. Qualifications (All qualifications (Copies of Educations attached) 0.(a) University Education University and	to be considered onal, Professional ation Degree/	**Subject/	dicated in the aper Relevant Certi	ficates/T	ranscripts s	Effective
10	1. 2. 3. 0. Qualifications (All qualifications (Copies of Educations attached) 0.(a) University Education University and	to be considered onal, Professional ation Degree/	**Subject/	dicated in the aper Relevant Certi	ficates/T	ranscripts s	Effective
10	1. 2. 3. 0. Qualifications (All qualifications (Copies of Educations attached) 0.(a) University Education University and	to be considered onal, Professional ation Degree/	**Subject/	dicated in the aper Relevant Certi	ficates/T	ranscripts s	Effective
10	1. 2. 3. 0. Qualifications (All qualifications (Copies of Educations attached) 0.(a) University Education University and	to be considered onal, Professional ation Degree/	**Subject/	dicated in the aper Relevant Certi	ficates/T	ranscripts s	Effective
10	1. 2. 3. 0. Qualifications (All qualifications (Copies of Educations attached) 0.(a) University Education University and	to be considered onal, Professional ation Degree/	**Subject/	dicated in the aper Relevant Certi	ficates/T	ranscripts s	Effective

POST:

^{*} 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	Duration with dates Effective date		ate	
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 passed in Tamil / Sinhala.						

14. (The service certificates should be attached in order to prove the service experience. The				
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				
16. Any further relevant particulars. (Not included above)				
(Not included above)				

17. Name of two non related referees with address	& contact no.				
Please Note that:-					
-	Submitting of two non-related referees reports are compulsory. You can send referees reports				
either along with the application under sealed e	ither along with the application under sealed envelop				
Referees may requested to send referees report this University indicating "Name of the applicant left hand corner of the envelope.	•				
Name & Address	E-mail Address and Contact No.				
1					
2					
I hereby certify that the particulars submitted by maware if any of the particulars are found to be fall before selection and to be dismissed without any component.	se or inaccurate, I am liable to be disqualified				
Date :					
	Signature of applicant				
18. If the applicant is an employee in a Government should be filled by such Head of the Departmen	, ,				
The applicant will / will not be released, if select	ed for appointment.				
	Head of Institution				
Namo :	(Official Rubber Stamp)				
Name :					
Designation:					
Designation :					

The paid Bank Slip for the deposit of a sum of Rs.100/- credited to the Peoples Bank in favour of University of Jaffna Collection Account No: **9700009000387** of Bursar, University of Jaffna should be attached with the application form.