Form No:



Faculty of Management Studies and Commerce

UNIVERSITY OF JAFFNA, SRI LANKA

FORM OF APPLICATION FOR TEMPORARY POSITION

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | POST : | | | | |
| DISCIPLINE :  (*Indicate the name of the post and the Department /Discipline as given in the advertisement*) | | | | |
| 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 No : | |  | | |
| (c) Telephone : | |  | | |
| (d) Fax : | |  | | |
| (e) e-mail address : | |  | | |
| 4. | (i) Date of Birth & Age : | |  | | |
| (ii) Identity Card No : | |  | | |
| 5. | Civil Status : | |  | | |
| 6. | University Education  (Degree, Field of Specialization) | University Reg. No. | Duration of  the Degree with dates | Results (Give  class/grade/GPA and effective date) | Name of  the University |
|  |  |  |  |  |

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

|  |  |
| --- | --- |
| 7. | a) Present Occupation |
| i. Designation : |
| ii. Date of Appointment : |
| iii. Dept. / Institution and its address : |
| iv. Nature of Appointment : Permanent / Contract / Temporary / Casual / …………… |
| v. a. Salary scale : |
| b. Basic Salary : |
| c. Allowance : |

|  |  |  |  |
| --- | --- | --- | --- |
|  | b) Previous appointments, if any with dates | | |
|  | | |
| 8. | Name of Two persons(with address to whom reference can be made) | | |
|  |  | Name | Address |
|  | 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 | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Department / Institution | Post | Salary scale | Date | |
| From | To |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

*The paid Bank Slip for the deposit of a sum of Rs.100/- should be attached here****.***