

UNIVERSITY OF JAFFNA, SRI LANKA
FORM OF APPLICATION

<b>POST :</b> <b>DEPARTMENT / DISCIPLINE :</b> (Indicate the name of the post and the Department/Discipline as given in the advertisement)						
Whether you applied for the above post in response to our advertisement date of 26.01.2022			Yes/No			
1. Name in Full :						
*(See note below) 2 Whether Rev / Pro	of / Dr / Mr / Mrs	/ Miss				
<ul> <li>2. Whether Rev./ Prof./ Dr./ Mr./ Mrs./ Miss.</li> <li>3. (a) Postal address : (Any changes should be communicated immediately)</li> </ul>						
(b) Contact Teleph Fax :	ione No :					
e-mail address :						
4. (a) Date of Birth:						
(b)Age at the closi	ng date of Applica	tion:				
5. National Identity C	Card No:					
6. Civil Status :			Single / Married			
7. Gender :			Male/ Female			
<ol> <li>State whether citiz State whether by I If by registration, certificate of citize</li> </ol>						
9. Education -Schools	s attached:					
1			From		То	
1.						
2.						
3.						
<b>10.</b> Qualifications -						
(All qualifications to be considered should be indicated in the application) (Copies of Educational, Professional and All other Relevant Certificates/Transcripts should be						
attached)						
10.(a) University Educ	ation				-	
University and	Degree/	**Subject/ offered	s Duration with dates	Class	GPA	Effective date
Registration No.	Diploma etc.	onereu	with dates			uale
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 E	ducation				1	
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	pecial Qualifications			I		
Institution	Qualifications obtained	Dura	Duration with dates Effective date			ite
1.						
2.						
3.						
<b>11.</b> Any other Acader (Indicate the Insti	nic Distinctions, Sc tution from which s	-				
1.						
2.						
3.						
4.						
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6.						
7.						
8.						
9.						
10.						
<b>12.</b> Research & Public The name of the .	cations if any: Journal in which th	e Publicati	ons has been n	nade and t	he date of th	e Journal

<b>13.</b> Higher Examination passed in Ta	mil / Sinhala.					
<b>14.</b> (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	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, with dates						
Post	Department/In	stitution	From	То		
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
(c) If you are retired from Government Service, give date of retirement, the last salary drawn and the pension.						
(d)If your services in a Government Department, Higher Education or a Corporation were terminated, give reasons.						

<b>15.</b> Extra-Curricular activities and any further relevant particulars <b>(University, National &amp;</b>						
International level)						
(Please use annexed sheet)						
16. Name of two non related referees with address & co	ontact no.					
Please Note that:-	Please Note that:-					
Submitting of two non-related referees reports are of	compulsory. You can send referees reports					
either along with the application under sealed envel	on					
or	- 1-					
Referees may requested to send referees reports di	eactly addrace ad to the Vice Chancellar of					
	-					
this University indicating "Name of the applicant, po	st applied & the Department" at the top					
left hand corner of the envelope.						
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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**17.** 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 appointment.

Head of Institution

Head of Institution

(Official Rubber Stamp)

Name : ..... Designation : ..... Date : .....

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: **970000090000387** of Bursar, University of Jaffna should be attached with the application form Academic Establishments, University of Jaffna Page

## 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.

**Extra-Curricular activities and any further relevant particulars (**University, National & International level)