

SIR PONNAMBALAM RAMANATHAN FACULTY OF PERFORMING AND VISUAL ARTS UNIVERSITY OF JAFFNA, SRI LANKA FORM OF APPLICATION FOR TEMPORARY POSITION

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POST:								
DISCIPLINE :								
Name in Full:								
(See note below)								
Whether Rev./ Prof./ Dr./ Mr./ Mrs./								
Miss.								
(a) Postal address (Any changes should be communicated mediately)								
(b) Contact No: (c) Telephone: (d) Fax:								
(e) e-mail address :								
(i) Date of Birth & Age:								
(ii) Identity Card No:								
Civil Status :								
University Education (Degree, and Postgraduate Degree Field of Specialization)	University Reg. No.			(Give	Name of the University			
	DISCIPLINE: Name in Full: (See note below) Whether Rev./ Prof./ Dr./ Miss. (a) Postal address (Any changes should be communicated m (b) Contact No: (c) Telephone: (d) Fax: (e) e-mail address: (i) Date of Birth & Age: (ii) Identity Card No: Civil Status: University Education (Degree, and Postgraduate Degree Field of Specialization)	DISCIPLINE: Name in Full: (See note below) Whether Rev./ Prof./ Dr./ Mr./ Mrs./ Miss. (a) Postal address (Any changes should be communicated mediately) (b) Contact No: (c) Telephone: (d) Fax: (e) e-mail address: (i) Date of Birth & Age: (ii) Identity Card No: Civil Status: University Education (Degree, and Postgraduate Degree Field of Specialization) University Reg. No.	DISCIPLINE: Name in Full: (See note below) Whether Rev./ Prof./ Dr./ Mr./ Mrs./ Miss. (a) Postal address (Any changes should be communicated mediately) (b) Contact No: (c) Telephone: (d) Fax: (e) e-mail address: (i) Date of Birth & Age: (ii) Identity Card No: Civil Status: University Education (Degree, and Postgraduate Degree Field of Specialization) Duration oftly Degree with dates	DISCIPLINE: Name in Full: (See note below) Whether Rev./ Prof./ Dr./ Mr./ Mrs./ Miss. (a) Postal address (Any changes should be communicated mediately) (b) Contact No: (c) Telephone: (d) Fax: (e) e-mail address: (i) Date of Birth & Age: (ii) Identity Card No: Civil Status: University Education (Degree, and Postgraduate Degree Field of Specialization) University Reg. No. Duration of the Degree with class/grade/GPA effective date)	DISCIPLINE: Name in Full: (See note below) Whether Rev./ Prof./ Dr./ Mr./ Mrs./ Miss. (a) Postal address (Any changes should be communicated mediately) (b) Contact No: (c) Telephone: (d) Fax: (e) e-mail address: (i) Date of Birth & Age: (ii) Identity Card No: Civil Status: University Education (Degree, and Postgraduate Degree Field of Specialization) University Reg. No. Duration of the Degree with class/grade/GPA and effective date)			

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									
	Department / Institution	Post	Salary scale	Date						
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8.	Name of Two persons (with	address to whom reference	e can be made)							
0.	Name Address									
	1									
	2.									
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9. I l	hereby certify that the particu		is application are							
9. 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:										
	the applicant is an employee in d be filled by such Head of the I		or Statuary Board	this section						
The applicant will / will not be released, if selected for appointment.										
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The paid Bank Slip for the deposit of a sum of Rs.100/- should be attached.