

## FACULTY OF HINDU STUDIES

## UNIVERSITY OF JAFFNA, SRI LANKA

## FORM OF APPLICATION FOR TEMPORARY ASSISTANT LECTURER

1.	Name in Full :				
	(See note below)				
2.	Title: Rev./ Prof./ Dr./ Mr. Mrs./Miss.	/			
3.	(a) Postal Address (Any changes should be communicated	mediately)			
	(b) Contact No.:				
	(c) Telephone :				
	(d) Fax:				
	(e) E-mail Address :				
4.	(i) Date of Birth & Age :				
	(ii) National Identity Card No. :				
5.	Civil Status :				
6.	University Education (Degree, and Postgraduate Degree with Field of Specialization)	University Reg. No.	Duration of the Degree with dates	Results Class/Grade/GPA and Effective date)	Name of the University
l F	you were registered as a student i	n University w	ndor any other name place	so indicate such name wi	thin 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 a	ppomunents								
Donartment /			Da	Date					
Department / Institution	Post	Salary scale							
mstrution			From	То					
Name of Two p	rcone (with	addrags to whom refer	ence can be made)						
Name of Two persons (with address to whom reference can be made)									
<u>Name</u>	<u>Name</u> <u>Address</u>								
1.									
2.									
I hereby certify that the particulars submitted by me in this application are true and accurate.									
	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									
_	detected after appointment.								
_	Jonnanent.								
detected after app									
_									
detected after app			Signature o	f applicant					
detected after applicant is a	n employee in	a Government / Corporat ead of the Department / I	Signature o	f applicant					
Date:	n employee in illed by such H		Signature o ion or Statuary Board nstitution.	f applicant					
Date:	n employee in illed by such H	ead of the Department / I	Signature o ion or Statuary Board nstitution. ointment.	f applicant this					
Date:	n employee in illed by such H	ead of the Department / I	Signature o ion or Statuary Board nstitution.	this  stitution					

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