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| ***Office Use only*** | |
| ***Ref No:*** |  |
| ***Status :*** |  |

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**UNIVERSITY OF JAFFNA**

**APPLICATION FOR THE POST OF MANAGEMENT ASSISTANT (ON CONTRACT)**

**1. Personal Information**

* 1. Full Name

1.2 Name with Initial /s

(Whether Mr./Mrs./Miss.)

1.3 a) Address

1. Postal

1. Private

b. Telephone Number (i) Land ....................................... (ii) Mobile ....................................

c. Fax Number

d. Email Address

1.4 Date of Birth .......... 1.5 Age ......................................

1.6 Sex .................................... 1.7 Civil Status .....................................

1.8 National Identity Card No

**2. Educational Records**

2.1 School attended

|  |  |  |  |
| --- | --- | --- | --- |
| School attended | Grade From | Grade  To | Last Class passed |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

2.2 – I G.C.E (O/L) Examinations **(Certified copies of the certificates should be attached)**

Year: ………………….. Index No:……………..

|  |  |  |
| --- | --- | --- |
| NO | Subjects | Results |
| 1 | Tamil/Sinhala |  |
| 2 | English |  |
| 3 | Maths |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |
| 7 |  |  |
| 8 |  |  |
| 9 |  |  |
| 10 |  |  |

2.3 –II G.C.E (A/L) Examinations **(Certified copies of the certificates should be attached)**

Year: ………………….. Index No:……………..

|  |  |  |
| --- | --- | --- |
| No | Subjects | Results |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |

2.4) Degrees/Diplomas & Professional Qualifications (Certified copies of the certificates should be attached)



3. Working Experience

3.1 Present occupation (Certified copies of the certificates should be attached)



3.2 Previous experience (Certified copies of the certificates should be attached)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| No | Post / Designation | Place of Works with Address | Job Description | Salary | Commencement of Service | | | End of Service | | | Experience as at the closing date of the application\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|
|
| DD | MM | YYYY | DD | MM | YYYY | Days | Months | Year |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
|
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |
|
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |
|
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |

* 1. If your service/s in a Government Department or a Corporation was/were terminated, give reasons.

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**4. Extra-Curricular Activities**

|  |
| --- |
| 1.  2.  3.  4.  5. |

**5. Other Relevant Particulars**

|  |
| --- |
| 1.  2.  3.  4.  5. |

**6. Name and address of two referees**:

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Referee 1** | **Referee 2** |
| 1 | Name |  |  |
| 2 | Address |  |  |
| 3 | Post / Institute |  |  |
| 4 | Tel No. |  |  |
| 6 | E-Mail |  |  |

I do hereby certify that all particulars stated by me in this application are true and accurate, I am aware that if any of the particulars are found to be false or inaccurate prior to my selection my application will be rejected and that if particulars are found to be false or inaccurate after my selection, I will be dismissed from service without compensation.

Date: ………………………………….. ………………………………………………

Signature of Applicant

If the applicant is an employee in a Government / Corporation / 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

(Official Seal to be affixed)

Name :…………………………………………

Designation :…………………………………………

Institute :…………………………………………

Date :…………………………………………

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