



FACULTY OF AGRICULTURE
UNIVERSITY OF JAFFNA, SRI LANKA
FORM OF APPLICATION FOR TEMPORARY POSITION

| | | | | | |
|----|--|---------------------|-----------------------------------|---|------------------------|
| | POST : | | | | |
| | DISCIPLINE : | | | | |
| 1. | Name in Full : (See note below) | | | | |
| 2. | Whether 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) Identity Card No : | | | | |
| 5. | Civil Status : | | | | |
| 6. | University Education (Degree, and Postgraduate 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

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

8. Name of Two persons (with address to whom reference can be made)

| | |
|-------------|----------------|
| <u>Name</u> | <u>Address</u> |
|-------------|----------------|

1.

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2.

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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: Signature of applicant

10. 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.

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Head of Institution
(Official Rubber Stamp)

Name :
Designation :
Date :