

UNIVERSITY OF JAFFNA, SRI LANKA
ANNUAL DECLARATION -2018

(This declaration must be signed by all employees in the first month of each Financial Year)

1. a) Full Name :
- b) Department / Unit / Section :
- c) NIC No:

2. Contact details:

- a) Address (Give full particulars):

| Permanent (Residential) : | Temporary (If any) : |
|---------------------------|----------------------|
| | |
| | |
| | |

- b) Telephone No : Res : Mobile :

- c) e-mail address :

3. Appointment:

- a) Present Designation :
- b) Date of such appointment :
- c) Date of 1st appointment(if any) :
- d) Whether Permanent / Temporary / Casual / Contract :
- e) University Employee No:..... f) University Pension fund No:.....
- g) University Provident fund No:..... h) Employee Trust Fund No:.....

4. A. hereby I declare that :

- a) I am /am not married
- b) My spouse is living with me / legally separated / divorced from me.
- c) My spouse's full name is
(In the case of females, maiden name should be given)
- d) My spouse died on
- e) My spouse is Employed / Pensioner.
- f) i. Spouse's Employer's Name & Address
.....
.....
ii. Total monthly emoluments :
- iii. Total amount of monthly pension :
- iv. Spouse stationed at :

4 B. I have Child / Children.

His / Her / Their name / s and other details are given below:

| | <u>Name</u> | <u>Date of Birth</u> | <u>Age on 2018.01.01</u> | <u>Whether Married / Single</u> |
|----|-------------|----------------------|------------------------------|-------------------------------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |

(In case of a child is born/died should be reported to the authorities immediately)

4 C. The above Child/Children is / are living with me and dependants upon me, He / She / They is / are / under my custody / The mother's custody / by virtue of Courts order / I am paying maintenance for them.

.....

4 D. The last will regarding the Officer's Gratuity / ETF / EPF (if contribute). The name & other particulars of Next of Kin or Kins to the Officer:

| | <u>Full Name</u> | <u>Age</u> | <u>Sex</u> | <u>Relation Ship</u> | <u>Address</u> |
|----|------------------|------------|------------|----------------------|----------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |

(Any additions or alterations should be informed immediately. If there is any changes in nomination for UPF, it should be made in the prescribed form)

I will inform the Vice-Chancellor, University of Jaffna without delay in the event of any change in my status or living conditions.

Date :

.....
Signature of the declarant

PS : a. Strike out whichever is inapplicable where alternative is given.

b. The document of nomination or revocation should be in the form prescribed by the ETF Board.