

*Form No :*

University of Jaffna, Sri Lanka

Form of application for temporary POSITION

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| --- |
| Post :DIScipline :  |
| 1. Name in Full :(See note below)
 |  |
| 1. Whether Rev./ Prof./ Dr./ Mr./ Mrs./ Miss.
 |  |
| 1. (a) Postal address : (Any changes should be communicated immediately)(b) Contact No : Telephone : Fax : e-mail address :
 |  |
| 1. (i) Date of Birth & Age :(ii) Identity Card No :
 |  |
| 1. Civil Status :
 |  |
| 1. \* University Education (Degree, field of Specialization)
 | Duration of the Degree with dates | Results(Give 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.* |
| 1. Present Occupation
2. Designation :
3. Date of Appointment :
4. Dept. / Institution and its address :
5. Nature of Appointment : Permanent / Contract / Temporary / Casual / ……………
6. Salary scale :
	1. Basic Salary :
	2. Allowance :
 |
|  b) Previous appointments, if any with dates

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

 |
| 1. Name of Two persons(with address to whom reference can be made)

Name Address1. ……………………………………………………… ………………………………………………………………

 ……………………………………………………………… ………………………………………………………………1. ……………………………………………………… ………………………………………………………………

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| 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  |