

*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 Address   1. ……………………………………………………… ………………………………………………………………   ………………………………………………………………  ………………………………………………………………   1. ……………………………………………………… ………………………………………………………………   ………………………………………………………………  ……………………………………………………………… | | | |
| 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 | | | |