



Form No:

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 : Telephone : Fax : e-mail address :		
4. (i) Date of Birth & Age : (ii) Identity Card No :		
5. Civil Status :		
6. 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.

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. Salary scale : a. Basic Salary : b. Allowance :
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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.
2.

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:

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Signature of applicant