

UNIVERSITY OF JAFFNA, SRI LANKA

Application Form for the Post of Project Secretary – (ON CONTRACT) AHEAD Project

1.	Name with initials (Mr/Mrs/Ms)			
2.	Name denoted by initials			
3.	Permanent Address:	4. Temporary Address:		
5.	Telephone No: 1. Landline:	6. E-mail Address:		
7.	Date of Birth:	8. NIC No:		
9.	Gender:	10. Civil Status:		
11.	Age as at closing date of application: Year:	Month: Date:		
12.	Nationality:			
13.	State whether citizen of Sri lanka by Descent	: Yes/No		

14. Education Qualification:

a) G.C.E (O/L): (Please attach the scanned copies of certificates)

	1st Attempt		2 nd Attempt		
	Year:		Year:		
	Subjects passed:	Grade:	Subjects passed:	Grade:	
01.					
02.					
03.					
04.					
05.					
06.					
07.					
08.					
09.					
10.					

b) G.C.E. (A/L): (Please attach the scanned copies of certificates)

	1 st Attempt Year:		2nd Attempt3rd AttemptYear:Year:		3 rd Attempt	
					Year:	
	Subjects passed:	Grade:	Subjects passed:	Grade:	Subjects passed:	Grade:
01.						
02.						
03.						
04.						

c) University Education(Degrees, Diploma, etc):(Please attach the scanned copies of certificates)

University/ Higher Education	Period	Course followed	Subjects	Class	Effective Date
Institute					

15	. Professional Qualifications :	(Please attach the scanned copi	es of certificates)
	Institute & Address	Professional experience &	Year
		qualifications	
16	. Highest Examination passed in	n Sinhala/English :	
	ıhala:	· -	
Ŀп	glish :		
17	. Where a period of experience	is a requirement for the post a	pplied, state periods of such
17		is a requirement for the post aperture scanned copies of certificates)	pplied, state periods of such
17			pplied, state periods of such Duration
17	experiences: (Please attach th	e scanned copies of certificates)	
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	experiences: (Please attach th Institution/Department	Post	Duration
	experiences: (Please attach the Institution/Department Competence in Typewriting/ Competence in Typew	Post Competence in Short – hand: (if o	Duration only applicable)
	experiences: (Please attach the Institution/Department Competence in Typewriting/ Competence in Typew	Post Competence in Short – hand: (if o	Duration
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	experiences: (Please attach the Institution/Department Competence in Typewriting/ Competence in Typewriting/ Competence Medium:	Post Competence in Short – hand: (if o	Duration only applicable) V.P.M):

19. Present Occupation : (If ap						
	02. Date of appointment to such post :					
03. Whether confirmed in the present post :						
04. Place of Work :						
06. Present Salary: (a)	Basic:					
(b)	Allowances:					
b. Previous appointments i	ncluding those u	under training, if any, with	dates:			
Institution/Department	Post	Salary Scale	Period (From - To)			
20. Any other Particulars (If not						
21. Declaration of Applicant	S:					
I certify that all particular	s stated by me i	n this application are true	and correct, I am aware			
that if any particulars are f	that if any particulars are found to be false or inaccurate prior to my selection, my application					
will be rejected and that if	particulars are	found to be false or inaccu	ırate after my selection, I			
will be dismissed from ser	vice without any	compensation.				
Date			Signature of Applicant			

NOTE: Applicants in the services of Government, Corporations or Statutory Boards should forward their applications through the head of the institution concerned.

22.	Forwarded: I certify that the particulars given in columns 01 to 21 of this application are correct accordin the applicant's personal file. He/ She could be released/ could not be released from this institutif selected for appointment.		
	Date	Signature of Head of the Dept/Institution	
		Rubber Stamp	