

Date:.....



**University of Jaffna
General Administration
Details of Registered Post**

Faculty/Dept/Branch/Unit:.....

SN	To Whom Name And Address	Nature of Post	Administration use only	
			Stamp Duty	Registration No

Office Use only

Received by Name

Signature

Day Stamp

.....

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Prepared by:.....

Signature:.....

Head of the Department:.....