

## VAVUNIYA CAMPUS OF THE UNIVERSITY OF JAFFNA FORM OF APPLICATION

POST:				
DEPARTMENT:				
1. Name in Full:				
(See note below)				
2. Whether Rev./Prof./Dr./Mr./Mrs./Miss :				
3. (a) Postal Address:				
(Any changes should be communicated immediately)				
(b) Contact T.P. No :				
(c) Mobile No. :				
(d) Fax No. :				
(e) E-mail address :				
4. (I) Date of Birth & Age :				
(ii) Identity Card No :				
5. Civil Status :				
6 State whether citizen of Sri Lanka by				
Descent or Registration. If by registration, give Registration No :				
7. Education School attached				
1.				
2.				
3.				
4.				
	To Course fellowed Deveks (C)			
8. University Education From (Degree, Diploma etc and	ToCourse followed (Subject/s) &Results (Give class or grade and			
the Name of the University)	Registration No. effective date)			

Note : If you were registered as a student in University under any other name please indicate such name within brackets.

9. Special Qualifications (Professional etc.)	
10. Postgraduate Qualifications (Specify the effective date, field of study and duration of the study)	
<ul><li>11. Any other Academic Distinctions, Scholarships, Medals, Prizes etc. (Indicate the Institution from which such awards have been obtained)</li></ul>	
12. Research & Publications, if any	y:
	use separate sheet of same size) The name of the Journal is been made and the date of the Journal should be

13. Higher Examination	n passed in			
Tamil/ Sinhala				
14.Present Occupation				
i. Designation:				
ii. Date of Appointn	nent:			
iii. Dept. /Institution	and its address:			
iv. Nature of Appoin	ntment: Permanent	c/Contract/Temporary/Casu	al	
v. Salary scale:				
a. Basic salary:				
b. Allowance:				
b. Previous appointment	ts, if any with date	·S.		
Demonstration of the states of	De et	Date		
Department/Institution	Post	Salary Scale	From	То
c. If you are retired from	n Government			
Service, give date of last salary drawn and				
last salary drawn and	the pension.			
d. If your services in a Government Department or a Corporation were terminated, give reasons.				
15. Extra Curricular activities				

16. Any further relevant particulars. (Not included above)		
17. Name of Two persons (with address to whom reference can be made)		
Name	Address	
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

18. If the applicant is an employee in a Government/Corporation or Statutory Board				
this section should be filled by such Head of the Department/Institution.				
The applicant will/will not be released, if selected for appointment				
Head of Institution				
Name:				
Designation:				
Date:				
Duc				