

## 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./Mis	ss:			
3. (a) Postal Address:  (Any changes should be communicated im  (b) Contact T.P. No:	mediately)			
(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.				
8. University Education (Degree, Diploma etc. and the Name of the University)	From	То	Course followed (Subject/s) & Registration No.	Results (Give class or grade and 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)			
11. Any other Academic Distinctions, Scholarships, Medals, Prizes etc. (Indicate the Institution from which such awards have been obtained)			
12. Research & Publications, if any:  (If space is insufficient, please use separate sheet of same size) The name of the Journal in which the Publications has been made and the date of the Journal should be mentioned.			

13. Higher Examination	passed in					
Tamil/ Sinhala						
14.Present Occupation						
i. Designation:						
ii. Date of Appointme	ii. Date of Appointment:					
iii. Dept. /Institution and its address:						
iv. Nature of Appoin	tment: Perma	nent/Contract/Temporar	y/Casual			
v. Salary scale:						
a. Basic salary:						
b. Allowance:						
b. Previous appointment	ts, if any with	dates.				
	D (		Date			
Department/Institution	Post	Salary Scale	From	То		
c. If you are retired from Government Service, give date of retirement, the 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	ss to whom reference can be made)
Name	Address
1	
2	
I have by contify that the portionless and	amitted by me in this application are true
· · · · · · · · · · · · · · · ·	omitted by me in this application are true the particulars are found to be false or
•	ied before selection and to be dismissed
without any compensation if the inacci	
without any compensation if the mace	aracy is accected after appointment.
Date:	
2 u.e	Signature of applicant
18. If the applicant is an employee in a	Government/Corporation or Statutory
Board this section should be filled by	1
Institution.	1
The applicant will/will not be release	d, if selected for appointment
Name :	Head of Institution
I Vallie	
Designation :	
Date:	