



Form No :

VAVUNIYA CAMPUS OF THE UNIVERSITY OF JAFFNA, SRI LANKA
FORM OF APPLICATION

POST : DEPARTMENT / 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 immediately) (b) Contact No : Telephone : Fax : 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. EducationSchool attached 1. 2. 3.			
8. * University Education (Degree, Diploma etc. and the Name of the University and Registration No)	Duration of the Degree with dates	** Subject/s offered	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.*

*** If the degree is a special degree, please indicate only the subject in which specialized.*

<p>9. Postgraduate Education</p> <p>a) Name of the Degree / Diploma with Registration No :</p> <p>b) Name of the University :</p> <p>c) Whether Full time or Part time :</p> <p>d) Whether by Course work / Course with Research component / By Research :</p> <p>e) Duration of study with dates :</p> <p>f) Field of study and the Title of Research :</p> <p>g) Effective date of Degree/ Diploma :</p> <p>h) Class / Grade / GPA :</p>	
<p>10. Special Qualifications : (Professional etc.)</p>	
<p>11. Any other Academic Distinctions, Scholarships, Medals, Prizes etc. (Indicate the Institution from which such awards have been obtained)</p>	
<p>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.</p>	

13. Higher Examination passed in Tamil / Sinhala.													
14. 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 :													
b) Previous appointments, if any with dates													
<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <th rowspan="2" style="width: 30%;">Department / Institution</th> <th rowspan="2" style="width: 20%;">Post</th> <th rowspan="2" style="width: 20%;">Salary scale</th> <th colspan="2" style="width: 30%;">Date</th> </tr> <tr> <th style="width: 15%;">From</th> <th style="width: 15%;">To</th> </tr> <tr> <td style="height: 100px;"></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		Department / Institution	Post	Salary scale	Date		From	To					
Department / Institution	Post				Salary scale	Date							
		From	To										
c) If you are retired from Government Service, give date of retirement, the last salary drawn and the pension.													
d) If your service 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.
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.....
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2.
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.....
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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 :