

UNIVERSITY OF JAFFNA, SRI LANKA FORM OF APPLICATION

DEPARTMENT / DISCIP (Indicate the name of the po		ment/Discipline	as given in the adve	rtisement)		
1. Name in Full :						
*(See note below)						
2. Whether Rev./ Prof.,	/ Dr./ Mr./ Mrs.,	/ Miss.				
3. (a) Postal address: (Any changes should be co	ommunicated immediat	ely)				
(b) Contact Telephon Fax :	e No :					
e-mail address :						
4. (a) Date of Birth:						
(b)Age at the closing	date of Annlica	ition:				
5. National Identity Car	rd No:					
6. Civil Status :		Single / Married				
7. Gender:		Male/ Female				
8. State whether citizen State whether by De If by registration, gi	scent or Registr					
certificate of citizens	ship:					
9. Education -Schools a	attached:					
			From		То	
1.						
2.						
3.						
10. Qualifications -						
(All qualifications to	o be considered	should be in	dicated in the ap	plication)	
(<u>Copies</u> of Education			•	-	-	tached
herewith)						
10.(a) University Educati	ion					
University and Registration No.	Degree/ Diploma etc.	**Subject/ offered	Duration with dates	Class	GPA	Effective date
1.						
2.						

POST:

^{*} 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.

10.(b) Postgraduate E	ducation					
Postgraduate Degree/ Diploma etc. and University & Registration No.	Field of Study	Whether Full time or Part time	Whether by Course work / Course with Research component / By Research	Class/ Grade/ GPA	Durations with dates and No. of Academic years	Effective date
1.						
2.						
3.						
10.(c) Professional /Sp	pecial Qualifications					
Institution	Qualifications Obtained Duration		ation with dates		Effective date	
1.						
2.						
3.						
11. Any other Acader (Indicate the Insti	mic Distinctions, Scitution from which	•				
1.						
2.						
3.						
	cations if any: Journal in which th oned. <i>(If space is in</i> :					
13. Higher Examination	on passed in Tamil	/ Sinhala.				

14. (The service certificates should be		ice experience. Ti	he	
appointment letters will not be con a) Present Occupation	isiaerea jor service experience.j			
i. Designation	:			
ii. Date of Appointment to such	post :			
iii. Place of work with address	:			
iv. Whether confirmed in the po	ost :			
·	manent / Contract / Temporary /	Casual /		
vi. Salary scale :		•		
a. Basic Salary :				
b. Allowance :				
(b)Previous appointments if any,	with dates			
(If space is insufficient, Please use				
Post	Department/Institution	From	То	
1.				
2.				
3.				
3.				
(c) If you are retired from Governr	nent Service.			
give date of retirement, the last	-			
and the pension.				
(d)If your services in a Governmen or a Corporation were terminat	•			
reasons.	ed, give			
15. Extra Curricular activities.				
(If space is insufficient, Please us	se separate sheet of same size)			
16. Any further relevant particulars.				
(Not included above)				

17. Name of two non related referees with addres	ss & contact no.
<u>Name</u>	Postal & E-mail Address and Contact No
1	
2	
I hereby certify that the particulars submitted by aware if any of the particulars are found to be factorial before selection and to be dismissed without any appointment.	alse or inaccurate, I am liable to be disqualified
Date :	Signature of applicant
18. If the applicant is an employee in a Government should be filled by such Head of the Departme	,
The applicant will / will not be released, if sele	cted for appointment.
	Head of Institution
	(Official Rubber Stamp)
Name :	,
Designation:	
Date :	

If the application form downloaded from the University website, the paid Bank Slip for the deposit of a sum of Rs.100/- credited to the Peoples Bank Account No: 162-1-001-6-0000880 of Bursar, University of Jaffna should be attached here.