## UNIVERSITY OF JAFFNA APPLICATION FOR THE POST OF SUPERVISOR (CIVIL) GRADE III

1. Perso	nal Information				
1.1 F	Full Name				
(Wł	ame with Initial /s nether Mr./Mrs./Miss.) Address				
1.5 a	i. Postal			•••••	
	ii. Private				
1	b. Telephone Number	(i) Land	(ii)	) Mobile	
(	c. Fax Number				
(	d. Email Address			•••••	
	ate of Birth				
1.6 Se	x ational Identity Card No		1.7 Civi	il Status	
2. Edu	cational Records hool attended	••••••			
	School atte	ended	Grade From	Grade To	Last Class passed
2.2 – I	G.C.E (O/L) Examination	ons (Certified copies	of the certificates	should be a	⊥ ttached)
		(		Grade &	
NO	Sul	bjects	1st sitting	2 <sup>nd</sup> sitting	_
				Yr	Yr
1			Yr		
1 2			11		
1 2 3			11		
2			11		
3					
2 3 4 5 6					
2 3 4 5 6 7					
2 3 4 5 6 7 8					
2 3 4 5 6 7					

## 2.3 -II G.C.E (A/L) Examinations (Certified copies of the certificates should be attached)

No			Grade & Yea	r
	Subjects	1st sitting	2 <sup>nd</sup> sitting	3 <sup>rd</sup> sitting
		Yr	Yr	Yr
1				
2				
3				
4				

2.4) Degrees/Diplomas & Professional Qualifications (Certified copies of the certificates should be attached)

			Subject			Dura	ation	ĺ		Effe	ctive	Date	011
No	Name and Address of the Institute	Name of the Course	Specializati on		Date	cement e YYYY		_	n Date	טט	MM	YYYY	Obtained Class or Grade
1				DD	     	1111	<u> </u>				       		
2					¦   !			   	   		   		
3					]   			   			 		
4					Ţ   	Г- <i></i> !		   	r —   		;   		

3. Working Experience3.1 Present occupation (Certified copies of the certificates should be attached)

Post/Designation	Date of appointment	Department / Institution and its address	Salary		relavant experie at closing date	1	esent )
				Years:	Months:	Days	

3.2 Previous experience (Certified copies of the certificates should be attached)

No	Post / Designation	Place of Works with Address	Job Description	Salary	Cor	nmencen Service		Е	nd of Ser	vice	Experion application	ence as at the date of the cation	closing
					DD	MM	YYYY	DD	MM	YYYY	Days	Months	Year
1													
2													
3													
4													

•••••		 
	A	
tra-Curricular	Activities	
an Dalarrant I	Jantian land	
ner Relevant I	articulars	

## 6. Name and address of two referees:

		Referee 1	Referee 2
1 Name			
I INdille			
2 Address	3		
3 Post / In	netituto		
	istitute		
4 Tel No.			
TCINO.			
6 E-Mail			
ervice witho	ut compensation.		e after my selection, I will be dismissed from
			Signature of Applicant
			n / Statuary Board this section should be
illed by such	nt is an employee in a Go Head of the Department will / will not be release	/ Institution.	·
lled by such	Head of the Department	/ Institution.	tment.
lled by such	Head of the Department will / will not be release	: / Institution.	tment.
lled by such he applicant Jame	Head of the Department will / will not be release	: / Institution. ed, if selected for appoin	tment.  Head of Institution
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