

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./N	∕liss :				
3.	(a) Postal Address: (Any changes should be communicated (b) Contact T.P. No : (c) Mobile No. : (d) Fax No. :	l immediately)				
	(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 Scho 1. 2. 3. 4.	ol attached				
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)	
	se use separate sheet of same size) The name of the ations has been made and the date of the Journal

13. Higher Examination	passed in							
Tamil/ Sinhala								
14.Present Occupation								
i. Designation:								
ii. Date of Appointment:								
iii. Dept. /Institution	and its addre	SS:						
iv. Nature of Appointment: Permanent/Contract/Temporary/Casual								
v. Salary scale:								
a. Basic salary:								
b. Allowance:	b. Allowance:							
b. Previous appointment	ts, if any with	dates.						
Department/Institution	Post	Salary Scale	Date					
Department/Institution			From	To				
c. If you are retired from								
Service, give date of the last salary drawn a								
pension.								
d. If your services in a G	overnment							
Department or a Corp	oration were							
terminated, give reaso	ns.							
15. Extra Curricular activ	/ities							

16. Any further relevant particulars. (Not included above)					
17. Name of Two persons (with address to whom reference can be made)					
Name	Address				
1					
2					
I hereby certify that the particulars sul	bmitted by me in this application are true				
	the particulars are found to be false or				
inaccurate, I am liable to be disqualif	fied before selection and to be dismissed				
without any compensation if the inacc	uracy is detected after appointment.				
Date:					
Date	Signature of applicant				
	orginatal o or approant				
40 1611					
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:					