

VAVUNIYA CAMPUS, UNIVERSITY OF JAFFNA, SRI LANKA

APPLICATION FORM

POST OF																
DEPARTMENT OF																
1. PERSONAL INFORMATION:																
1.1 Name in full																
1.2 Name with initial/s																
1.3 Date of Birth							1.	4 A	ge							
1.5 Sex	M			F			1.0	6 C	ivil	Sta	atus	S		gle		
1.7 Whether Citizen of Sri Lanka	Ye	es			N	lo								riec		_
1.8 National Identity Card No.																
							<u> </u>									
1.9 a. Permanent Address																
b. Telephone Number																
c. Fax Number																
d. E-mail Address																

2. EDUCATIONAL RECORD

2.1 Senior Secondary

Schools Attended	From	То

2.2 University/ Post Graduate Education (Degrees, Diplomas, Etc)

University	From	То	Subject/Field of Study	Degree/ Diploma	Grades/ Class/
			of Study	Dipionia	GPA
				· · · · · · · · · · · · · · · · · · ·	

2.3	Professional Qualifications	

3. ACADEMIC DISTINCTIONS

Institution	Year	Award

4. RESEARCH, PUBLICATIONS, COMMUNICATIONS ETC.

(Please use additional sheets, if necessary)

List under:

- (a) Publication in Research Journals
- (b) Communication to Learned Societies
- (c) Others
- (d) Current Research Activities

5. LANGUAGE PROFICIENCY

Language	Highest Examination Passed & Year	Institution
	2 3 3 2	

6. EMPLOYMENT RECORD

6.1 Present Employment

Institution	Post	Salary per month	With effect from

6.2 Previous Employment

Institution/Department	Post	From	То	Salary per month

7. EXTRA CURRICULAR ACTIVITIES

Year	Activities

8. OTHER RELEVANT PARTICULARS

9. NAMES OF REFEREES

	Name	Affiliation	Address
			Telephone/e-mail:
			Telephone/e-mail:
10. CERTIF	ICATION BY APP	LICANT	
accurate. I an liable to be di	n aware that if any	of these particulars are foun lection and to be dismissed when the control of the	s application form are true and d to be false or inaccurate I am without any compensation, if the
Date:			Signature of Applicant
11. TO BE C	OMPLETED BY T	THE PRESENT EMPLOY	ER (IF ANY)
Applicant can	/ cannot be released	, if selected for appointment	
Any Special (Comments:		
			Signature
Name	:		
Designation	:		
Date	•		

For Office Use

Date Received		
Eligibility	Yes	No
If No, Reasons		
Deputy Registrar/ Establishments		
Comments of Head/Dean		