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UNIVERSITY OF JAFFNA, SRI LANKA.

appli(CATION FOR THE POST OF				
l. Per	sonal Information				
1.1	Full Name				
(\	Name with Initial/s Whether Mr./Mrs./Miss.) a. Address				
1.0	i. Permanent				
	ii. Postal				
	h Talanhana Numban				2
	b. Telephone Numberc. Fax Number (if, any)				
	d. Email Address (if, any)				
1.4	Date of Birth		4 = 4		
1.6	Sex		_		
1.8	National Identity Card No.				
2. E (ducational Record				
	School attended	!	From	То	Last Class passed
	0.45 (0.4) 5	· · · · · · · · · · · · · · · · · · ·			
2.2 a) G.C.E (O/L) Examinations	(Attach copies of Co	ertificates)	Grade &	Vaan
NO	Subjects		1 st sit Yr	ting 2	ord sitting 'r
1					
2					
3					
5					
6					
7					
8					
9					
10					

22 h)	GCF(A/I) Examinations	(Attach copies of	t Certiticates

No		Grade	& Year
	Subjects	1 st sitting Yr	2 nd sitting Yr
1			
2			
3			
4			

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a) Any other Educational Qualification (University Education - Degrees, Diploma, Etc) Professionals Qualification (Computer, Finance....etc) (Attach copies of relevant documents)

Course Detail				Date of final
(Name of Institute, Name of	From	То	Course followed	Examination(Give
Course)			(with subjects)	class or grade)

b) Hi	gher	examination passed in	n Tamil/ Ei	nglish/ Sinl	nala			
i	Γ (Famil :	ii) E	nglish :		iii)	Sinhala :	
3 . Wor 3.1.	king	Experience						
	Pre	esent occupation :						
	i)	Designation :						
	ii)	Date of appointment	to such po	ost:				
	iii)	Whether confirmed i	n the pres	sent post:				
	iv)	Department :						
	v)	Salary scale:						
	vi)	Present salary	a) B	asic :				
			b) <i>A</i>	Allowance:				

the closing date for applications:

vii) State whether increments have been earned annually for 03 years immediately before

	Salary Point	
		period of such
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1	se or inacc	nis application are true and o se or inaccurate prior to my e found to be false or inaccu

b) All previous appointment including those under training, if any, with dates:

Recommendation of the Head of the Departi	ment.
	Signature of the Head of the Departmen
Recommendation of the Dean.	
	Signature of the Dean
Registrar, University of Jaffna.	
I hereby certify that the applicant is a perm overleaf are correct according to his/her pe	nanent employee of this Institution and particulars giver rsonal file.
Date	Signature of Secretary, UGC/ Registrar of Universities/
	Deputy Registrar/ Senior Assistant Registrar