

UNIVERSITY OF JAFFNA APPLICATION FOR THE POST OF MANAGEMENT ASSISTANT (ON CONTRACT)

| 1. Perso | nal Information | | | | | |
|-----------------|--------------------------------|------------|-------|--------------|-------------|-------------------|
| 1.1 I | Full Name | ••••• | | | | |
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| 1.2 N | Jame with Initial /s | | | | | |
| (Wl | nether Mr./Mrs./Miss.) | | | | | |
| 1.3 a | n) Address i. Postal | | | | | |
| | i. Postai | ••••• | ••••• | •••••• | •••••• | •••••• |
| | | ••••• | ••••• | •••••• | ••••• | |
| | ii. Private | ••••• | | •••••• | ••••• | |
| | | | | ••••• | | |
| | b. Telephone Number | (i) Land | | (ii |) Mobile | |
| | c. Fax Number | | | | | |
| | d. Email Address | | | | | |
| | ate of Birth | ••••• | | | | |
| 1.4 D | | | | 1.7 Civ | il Status | |
| 1.8 N | ational Identity Card No | | | | | |
| | cational Records | | | | | |
| 2.1 50 | chool attended School atten | ıded | | Grade | Grade | Last Class passed |
| | School atten | laca | | From | То | Last Class passed |
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| 2.2 – I | G.C.E (O/L) Examination | | | | should be a | ttached) |
| NO | r:Subjects | ina | | Dogulto | | |
| 1 | Tamil/Sinhala | | - | Results | _ | |
| 2 | English | | | | | |
| 3 | Maths | | | | | |
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| 2.3 -II Year | G.C.E (A/L) Examination | | | certificates | snould be a | ttachea) |
| No | Subjects | mu | Rest | | | |
| 1 | | | INCOL | 4160 | | |
| 2 | | | | | | |
| 3 | | | | | | |

2.4) Degrees/Diplomas & Professional Qualifications (Certified copies of the certificates should be attached) Effective Date Duration Subject Obtained Name and Address of Commencement Specializati NVQ Level No Name of the Course Completion Date Class or DD MM YYYY the Institute Date on Grade DD MM YYYY DD MM YYYY 3 3. Working Experience 3.1 Present occupation (Certified copies of the certificates should be attached) Date of Period of relavant experience in the present Department / Institution Post/Designation Salary post (as at closing date_ and its address appointment Months: Years: Days

| 3.2 Previous experience | (Certified co | pies of the certificates | s should be attached) |
|-------------------------|---------------|--------------------------|-----------------------|
| | | | |

| No | Post / Designation | Place of Works with Address | Job Description | Salary | Con | nmencen Service | | E | nd of Serv | vice | Experio applio | ence as at the date of the cation_ | closing |
|----|-----------------------|--------------------------------|-----------------|--------|-----|--------------------|------|----|------------|------|-------------------|--|---------|
| | | | | | DD | MM | YYYY | DD | MM | YYYY | Days | Months | Year |
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6. Name and address of two referees:

| | | Referee 1 | Referee 2 |
|-------------------------|---|------------------------------|--|
| 1 Name | | | |
| 2 Address | ; | | |
| | | | |
| 3 Post / Ir | nstitute | | |
| | | | |
| 4 Tel No. | | | |
| | | | |
| 6 E-Mail | | | |
|)ate: | | | Signature of Applicant |
| | nt is an employee in a Head of the Departm | | on / Statuary Board this section should be |
| he applicant | will / will not be rele | eased, if selected for appoi | ntment. |
| | | | Head of Institution (Official Seal to be affixed) |
| Name | | | |
| Designation nstitute | | | |
| Date | : | | |
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