

UNIVERSITY OF JAFFNA

APPLICATION FOR THE POST OF ASSISTANT BURSAR

On Temporary Basis for six months

POST:

(Indicate the name of the post as given in the advertisement)

01. (a) Name with initials :
(b) Names denoted by Initials :

02. Whether Mr./Mrs./Miss :

03. (a) Postal Address :
*(Any change should be
Communicated immediately)*

(b) Contact Telephone No. : Fixed: Mobile:

(c) E-mail Address :

04. National Identity Card No. :-

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05. (a) Date of Birth :

Year	Month	Date

(b) Age as at the Closing Date
of Application :

Years	Months	Days

(i.e. Oct, 29, 2021)

06. Gender :

07. Civil Status :

08. Whether Citizen of Sri Lanka :
*(State whether by decent or by
Registration) if by registration,
give reference number & date
of certificate of citizenship*

09. (a) Whether you have been convicted
For a civil or criminal case previously :
(b) If 'Yes' state further information on the same:

10. Education – Schools Attended :

From To

(1)

11. Qualifications (obtained as at closing date of the application i.e. Oct 29, 2021) (All qualifications to be considered should be indicated in the application and the certified copies of certificates should be attached to the application.)

Degrees/ Diplomas/ Other	Class/ Pass	University/ HEI/ Institute	Date of Commencement	Effective Date	Duration/ Prescribed Period of Study
<u>BACHELOR'S DEGREE</u>					
<u>POSTGRADUATE DEGREE</u>					
<u>POSTGRADUATE DIPLOMA</u>					
<u>PROFESSIONAL QUALIFICATIONS</u>					
<u>DIPLOMA LEVEL COURSES</u>					
<u>CERTIFICATE LEVEL COURSES</u>					

12. Relevant Training (Short Term) (obtained as at closing date of the application i.e. October 29, 2021) (All information to be considered should be indicated in the application and the certified copies of certificates should be attached to the application)

Name of the Programme	Institute	From	To	Duration (Months/ Weeks/ Days)
<u>MONTHS</u>				
<u>WEEKS</u>				
<u>DAYS</u>				

13. IT Related (obtained as at closing data of the applications i.e. Oct.29, 2021) (All information to be considered should be indicated in the application and the certified copies of certificates should be attached to the application)

Name of the Programme	Institute	Effective Date	Duration
<u>DIPLOMA LEVEL</u>			
<u>CERTIFICATE LEVEL</u>			
<u>OTHER</u>			

14. Extra-Curricular Activities (obtained as at closing data of the applications i.e. Oct. 29, 2021) All information to be considered should be indicated in the application and the certified copies of certificates should be attached to the application)

15. Any other Academic Distinctions:
Scholarships, Medals, Prizes etc.
(Indicate the Institution from which such awards have been obtained)

16. Research & Publications if any:

17. Highest Examination passed in Sinhala/ Tamil/ English:

18. (a) Present Occupation:

1. Post :
2. Date of Appointment to such Post :
3. Whether confirmed in the Present Post :
- 4, Place of work with the Address :
5. Salary Scale of the Post:
6. Date of Appointment to the Present Salary Scale:
7. Present Salary (a) Basic :
- (b) Allowances :

18. (b.) Previous Appointments if any, with dates:

- (i) In the University System prior to 18 (a) above [Internal]
(All information to be considered should be indicated in the application and the certified copies of certificates should be attached to the application):

Department/ Institution	Post	Salary Scale	From	To

- (ii) Other [External] if Any,

Department/ Institution	Post	Salary Scale	From	To

19. (a) Period of Experience gained as at the Closing Date of Applications (i.e. Oct. 29, 2021) relevant to the post applied :

- (b) If you have obtained no-pay leave during this period, state reasons and the period of such leave :

20. Names of Two Non-Related Referees with Addresses and Contact Numbers:

No	Name	Address	Contact No.	Email
01				
02				

I do hereby certify that particulars submitted by me in this application are true and accurate. I am aware that if any of these particulars are found to be false or inaccurate, I am liable to be disqualified before selection and to be dismissed without any compensation if the inaccuracy is detected after appointment.

.....
Date

.....
Signature of the Applicant

**Vice-Chancellor,
University of Jaffna.**

Application is recommended and forwarded

.....
**Signature & Rubber Stamp of the
Head of the Governing Body**

(If you are currently employed it is compulsory to forward the application through the Head of the Governing Body)

Remarks if any:

ATTESTATION

I hereby certify that Mr./ Mrs./ Ms.
who submits this application is known to me personally, he/ she placed his/her signature in my presence on

.....
Date

.....
Signature of the Officer Attesting the Signature

Name in Full of the Officer Attesting the Signature:.....

.....

Designation:

.....

Address:

(Official Stamp)