



**UNIVERSITY OF JAFFNA, SRI LANKA**  
**FORM OF APPLICATION FOR TEMPORARY POSITION**

	<b>POST :</b>				
	<b>DISCIPLINE :</b>				
1.	<b>Name in Full :</b> (See note below)				
2.	<b>Whether Rev./ Prof./ Dr./ Mr./ Mrs./ Miss.</b>				
3.	<b>(a) Postal address</b> (Any changes should be communicated immediately)				
	<b>(b) Contact No :</b>				
	<b>(c) Telephone :</b>				
	<b>(d) Fax :</b>				
	<b>(e) e-mail address :</b>				
4.	<b>(i) Date of Birth &amp; Age :</b>				
	<b>(ii) Identity Card No :</b>				
5.	<b>Civil Status :</b>				
6.	<b>University Education</b> (Degree, Field of Specialization)	<b>University</b> <b>Reg. No.</b>	<b>Duration of</b> <b>the Degree</b> <b>with dates</b>	<b>Results (Give</b> <b>class/grade/GPA and</b> <b>effective date)</b>	<b>Name of</b> <b>the</b> <b>University</b>

- *If you were registered as a student in University under any other name please indicate such name within brackets.*

7.	<b>a) Present Occupation</b>				
	<b>i. Designation :</b>				
	<b>ii. Date of Appointment :</b>				
	<b>iii. Dept. / Institution and its address :</b>				
	<b>iv. Nature of Appointment: Permanent/Contract/Temporary/Casual/ .....</b>				
	<b>v. a. Salary scale :</b>				
	<b>b. Basic Salary :</b>				
	<b>c. Allowance :</b>				

**b) Previous appointments, if any with dates**

Department / Institution	Post	Salary scale	Date	
			From	To

**8. Name of Two persons(with address to whom reference can be made)**

Name

Address

1. ....  
 .....  
 .....  
 .....

2. ....  
 .....  
 .....  
 .....

I hereby certify that the particulars submitted by me in this application are true and accurate. I am aware if any of the 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 applicant