

Faculty of Management Studies and Commerce UNIVERSITY OF JAFFNA, SRI LANKA FORM OF APPLICATION FOR TEMPORARY POSITION

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

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

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

| | b) Previous appointments, if any with dates | | | | | | | | |
|---|---|------|--------------|------|----|---|--|--|--|
| | Department / | Post | Salary scale | Date | | | | | |
| | Institution | | | From | То | | | | |
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| 8. | Name of Two persons(with address to whom reference can be made) | | | | | | | | |
| | <u>Name</u> <u>Address</u> | | | | | | | | |
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| | ereby certify that the par | | | | | | | | |
| 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: | Date: | | | | | | | | |
| | Signature of applicant | | | | | | | | |

The paid Bank Slip for the deposit of a sum of Rs. 100/- should be attached here.