Form No:



FACULTY OF TECHNOLOGY

UNIVERSITY OF JAFFNA, SRI LANKA

FORM OF APPLICATION FOR TEMPORARY POSITION

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|   | POST :  |  |  |  |
| DISCIPLINE :  |  |  |  |
| 1.  | Name in Full : (See note below)  |   |  |  |
| 2.  | Whether Rev./ Prof./ Dr./ Mr./ Mrs./ Miss.  |   |  |  |
| 3.  | (a) Postal address (Any changes should be communicated mediately)  |   |  |  |
| (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, and Postgraduate 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 :  |

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|  |  |
| --- | --- |
|   | 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. ………………….…………………………………………

 ……………………………………………………………  ……………………………………………………………  ………………………………………………………  |
|  1. .………………………………………………………

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| 9. 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  |
| **10.** If the applicant is an employee in a Government / Corporation or Statuary Board this sectionshould be filled by such Head of the Department / Institution.The applicant will / will not be released, if selected for appointment. …………………………………… Head of Institution (Official Rubber Stamp)Name : …………………………………………………………Designation : ………………………………………………Date : …………………………………………………….. |

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