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. .………………………………………………………   ..…………………………………………………………  …………………………………………………………  ………………………………………………………… |
| 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 section  should 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**.