



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

|    |   |                               |   |  |                               |
|----|---|-------------------------------|---|--|-------------------------------|
|    | <b>POST :</b>   |                               |   |  |                               |
|    | <b>DISCIPLINE :</b>   |                               |   |  |                               |
|    | <i>(Indicate the name of the post and the Department /Discipline as given in the advertisement)</i> |                               |   |  |                               |
| 1. | <b>Name in Full :</b><br>(See note below)   |                               |   |  |                               |
| 2. | <b>Whether Rev./ Prof./ Dr./ Mr./ Mrs./ Miss.</b>   |                               |   |  |                               |
| 3. | <b>(a) Postal address</b><br>(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><br>(Degree, Field of Specialization)                                    | <b>University</b><br>Reg. No. | <b>Duration of the Degree</b><br>with dates | <b>Results (Give class/grade/GPA and effective date)</b> | <b>Name of the University</b> |
|    |   |                               |   |  |                               |

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

|           |  |  |  |  |  |
|-----------|--|--|--|--|--|
| <b>7.</b> | <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

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

