University College of Jaffna
University of Vocational Technology Sri Lanka



Application Form For Visiting Staff

POST APPLIED FOR :			Field:			
	Name in full [Underline Surname] [If registered as a student in a University under any other name. please indicate such name within brackets]			r./Ms		
	ostal Address					
	[Any change should be communicated immediately]					
	3. Contact Details: i. Telephone (Residence) ii. Mobile iii. e-mail 4. Date of Birth and Age[Please attach copy of Birth					
	ertificate]	., .				
	ational Identity Card Number					
	ivil Status					
	Whether a Citizen of Sri Lanka [State whether by					
	descent or by registration: if by registration, give					
	reference number and date of certificate of					
	citizenship]					
7. Educational Qualifications						
7.1						
7.1	7.1 School/s Attended				From	То
i.						
ii.						
iii.						
iv.						
v.						
7.2	2 University Education –Undergraduate and Postgraduate					
	Name of the University	Degree/Diploma	Course Followed	Result Class	From	То
i.						
ii.						
iii.						
iv.						
٧.						
vi.						
8. Professional Qualifications						
i.						
ii.						
iii.						
iv						

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9. Academic Distinctions, Scholarships, Medals, Prizes etc. [Indicate the institution from which such awards have been obtained - Please attach copies of all relevant certificates]							
	Award				Institution		
1.							
2.							
3.							
4.							
10.	Proficiency of Languag <i>Please attach copies of</i>	_		_	vhich sud	ch awa	rds have been obtained -
		guage		Highest Examination passed			
1.	Sinhala						
2.	Tamil						
3.	English						
4.	Other (Specify)						
11.	(a) Present Occupation	n and Salary	Drawn				•
	Institution			Occupation	on		Salary drawn
12.	(b) Previous Employm	ents with Da	ates				_
	Institution	Po	st	From	То		Reasons for leaving
1.							
2.							
3.							
4.							
5.							
6.					_		
13.	Administrative/Financ	ial/any othe	r relevant	Experienc	e, if any		
14. Particulars of Bond Obligations to Higher Educational Institutions/Institutes if any:							
	Institution			bligatory			Bond amount due
1.				<u> </u>			
2.							
3.							
4.							

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15. Commendations/Punishments during your career	Yes No
If yes please provide details	
ii yes piease provide details	
16. Extra Curricular Activities	
17. Any other relevant particulars [Not included above]	
18. Have you ever been convicted by a court of law?	Yes No
If yes please provide details	

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19. Names of two Refere	ees
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ĮI.		
	Name	Address
1.		
1.		
2.		
an di:	n aware that any of these particulars are fo	by me in this application are true and accurate. I bund to be false or inaccurate I am liable to be sed without any compensation if the inaccuracy
	Date	Signature of Applicant
	[TO BE COMPLETED BY THE HEAD OF	THE INSTITUTE WHERE APPLICABLE]
	DECLARATION OF THE HEA	AD OF THE DEPARTMENT
	ant Registrar rsity College of Jaffna	
serving of Jaff	g in our institution is forwarded here with he	
-	<u>-</u>	de, it is hereby informed that 10% or 25% of his
	nuneration could be deducted to Government	Consolidate fund.
Date:.	nuneration could be deducted to Government	Consolidate fund.

Instructions to Applicants

- 1. All applicants who are employed must submit their applications through Head of the Institution concerned. Please ensure that the Head of the Institution forwards the application on or before the closing date with his/her recommendation. Those who have not submitted their applications through proper channels will not be considered.
- 2. If space provided in the application is not sufficient please provide information as additional attachments.
- 3. Photocopies of certificates should be forwarded along with the application and original certificates should be submitted at the interview.
- 4. For further clarifications/information please contact the Assistant Registrar, University College of Jaffna.
- 5. The post applied for should be clearly written on the top left hand corner of the envelope.
- 6. Please submit the applications to the **Assistant Registrar**, **University College of Jaffna by registered post on or before 24**th **May 2019.**Late applications will not be entertained.

Assistant Registrar University College of Jaffna 29, Brown Road, Kokuvil, Jaffna

Tel: 021 221 7792