



Application Form

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

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University of Vocational Technology
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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 Languages *[Indicate the institution from which such awards have been obtained - Please attach copies of all relevant certificates]*

	Language	Highest Examination passed
1.	Sinhala	
2.	Tamil	
3.	English	
4.	Other (Specify)	

11(a) Present Occupation and salary Drawn

Institution	Occupation	From	Salary drawn

11 (b) Previous Employments with Dates

	Institution	Post	From	To	Reasons for leaving
1.					
2.					
3.					
4.					
5.					
6.					

12. Administrative/Financial/any other relevant Experience, if any

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13. Particulars of Bond Obligations to Higher Educational Institutions/Institutes if any:

	Institution	Obligatory service period	Bond amount due
1.			
2.			
3.			
4.			

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14. Commendations/Punishments during your career

Yes No

If yes please provide details

15. Extra Curricular Activities

16. Any other relevant particulars *[Not included above]*

17. Have you ever been convicted by a court of law?

Yes No

If yes please provide details

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18. Names of two Referees		
	Name	Address
1.		
2.		

19. I hereby certify that the particulars submitted by me in this application are true and accurate. I am aware that any of these 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 the appointment.

.....
Date

.....
Signature of Applicant

[TO BE COMPLETED BY THE HEAD OF THE INSTITUTE WHERE APPLICABLE]

Assistant Registrar
University College of Jaffna

Application forwarded. Please note that if selected, action will be taken to release him/ her from service.

.....
Date

.....
Signature of Head of Institution

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. Please keep your referees informed that the University College will contact them for confidential reports.
4. Photocopies of certificates should be forwarded along with the application and original certificates should be submitted at the interview.
5. For further clarifications/information please contact the Assistant Registrar, University College of Jaffna.
6. The post applied for should be clearly written on the top left hand corner of the envelope.
7. Please submit the applications to the **Assistant Registrar, University College of Jaffna by registered post on or before 21st September 2020**. Late applications will not be entertained.

Assistant Registrar
University College of Jaffna
29, Brown Road,
Kokuvil, Jaffna
Tel: 021 221 7792