



University College of Jaffna
Application Form for Visiting Lecturer
Academic Year 2025

	Preferred Department/s & Subject areas
1	
2	
3	

1. Name in Full (Dr./Mr./Mrs./Miss.):

2. Name with Initials:

3. NIC No

4. Date of Birth:

4. Contact Information

Postal Address-.....

Phone Number-Official-.....

Mobile-.....E-mail-.....

5. Academic Qualifications:

	Name of the Degree	Name of the University	Year.

ii.
iii.

6. Professional Qualifications:

	Name of the Qualification	Name of the Institute	Year
i.
ii.

7. Other Qualifications:

.....

8. Working Experience

	Position & Department/ Institute	From	To	Years
Present				
Past				

9. Other relevant Experience: -

Institute	Name of Program	Subject	Number of Years

10. Name, Position and Contact Information of Two Non-related Referees.

- | | |
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| <p>1.</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> | <p>2.</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> |
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Applicants who are attached to the Government and Statutory Bodies should forward their applications through their Head of the Department.

I hereby certify that all the above information is true and correct for the best of my knowledge.

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Date

.....
Signature of Applicant

To be completed by the present employer (if any)

Applicant can / cannot be released, if he/she is selected for this position.

Any special comments:

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Signature of Head of the Department

Official Stamp:-.....

Date :-.....