



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.

- | | |
|---|---|
| 1. | 2. |
|---|---|

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.

.....
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:

.....
Signature of Head of the Department

Official Stamp:-.....

Date :-.....