

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

			Preferred Departmo	subject areas						
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	3									
1		Name	in Full (Dr./Mr./Mrs./N	Miss.):						
2	•	Name	with Initials:							
3		NIC N	Го							
4		Date o	of Birth:							
4		Contac	ct Information							
		Postal	l Address							
		Phone	e Number-Official							
			Mobile		E-mail-					
5		Academic Qualifications:								
			Name of the Degree		Name of the Un	iversity	Year.			
		ii.								
		iii.								
6		Profes								
			Name of the Qualifica	ation	Name of the Ins	titute	Year			
		i.								
		ii.								
7		Other	Qualifications:							

]	Position& Department/ Institute		From	То	•	Years		
	Present		mstrute							
	Past									
9.	Other re	Other relevant Experience: -								
	Ins	itute Name of Prog		ram Subjec		·,	Numbe	Number of Year		
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10.	Name,Po	sition and	Contact Information	on of Tw	o Non-related	Referees.				
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Working Experience