



University College of Jaffna
Application Form for Visiting Lecturer/ Instructor
Academic Year 2026/2027

Preferred Course	Subject areas

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

2. Name with Initials:

3. NIC No

4. Date of Birth:

5. Contact Information

Postal Address-.....

Phone Number- Official -.....

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

6. Academic Qualifications:

	Name of the Degree	Name of the University	Year
i.
ii.
iii.

7. Professional Qualifications:

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

8 Other Qualifications:

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9. Working Experience - **Present**

Position & Department/ Institute	From	To	Years (as on 24.05.2026)

10. Working Experience - **Previous**

#	Position & Department/ Institute	From	To	Years

11. Other relevant Experience

Institute	Name of Program	Subject	Number of Years

12. Name, Position and Contact Information of two Non-related Referees.

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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:-