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

Name of the Module	

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/Diploma	Name of the Institute	Year
i.	……..	……..	……
ii.	……..	……..	……
iii.	……..	……	……

6. Professional Qualifications:

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

7. Other Qualifications:

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……

8. Working Experience- Present

	Position& Department/ Institute	From	To	Years
Present				

9. Working Experience - Previous

#	Position& Department/ Institute	From	To	Years

10. Other relevant Experience

Institute	Name of Program	Subject	Number of Years

11. 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:- ……..