

UNIVERSITY OF JAFFNA, SRI LANKA

Application for the Post of Technical Assistant - (ON CONTRACT)

1.	Name with initials (Mr/Mrs/Miss)
2.	Name denoted by initials
3.	Permanent Address: 4. Temporary Address:
5. 7	Telephone No: 1. Landline: 6. E-mail Address:
7.]	Date of Birth: 8. NIC No:
9.	Gender:
11.	. Age as at closing date of application: Year: Month: Days:
12.	. Nationality:

13. State whether citizen of Sri Lanka by Descent: Yes/No

14. Educational Qualification:

a) G.C.E (O/L): (Please attach the scanned copies of certificates)

	1st Attempt		2 nd Attempt		
	Year:		Year:		
	Subjects passed:	Grade:	Subjects passed:	Grade:	
01.					
02.					
03.					
04.					
05.					
06.					
07.					
08.					
09.					
10.					

b) G.C.E. (A/L): (Please attach the scanned copies of certificates)

	1st Attempt Year:		2 nd Attempt Year:		3 rd Attempt	
					Year:	
	Subjects passed:	Grade:	Subjects passed:	Grade:	Subjects passed:	Grade:
01.						
02.						
03.						
04.						

	_	University/ Higher Education Institute	Period	Course followed	Subjects	Class	Effective Date
15. Pro	ofess	sional Qualifica	tions: (P	lease attach the	scanned copies of	certificates)	
	Institute & Address		Professional experience & qualifications		Year		
16. Hig	ghest	t Examination p	assed in Si	nhala/English /	Tamil :		
Sin	hala	:					
Eng	glish	:					
Tam	nil :						

17. Previous experience as a Project Assistant or similar jobs: (Please attach the scanned copies of service certificates)				
	Institution/Department	Post	Duration	

18. Prese	nt Occupation : (If applicable)
a.	01. Post :
	02. Date of appointment to such post :
	03. Whether confirmed in the present post :
	04. Place of Work :
	05. Salary Scale of the Post :
	06. Present Salary: (a) Basic:
	(b) Allowances:

Institution/Department	Post	Salary Scale	Period (From - To)

b. Previous appointments including those under training, if any, with dates:

19. Any other Particulars (If not enough this ro	w, Please annex an attachment herewith)
20. Name and address of two referees (Non	Relatives)
Name	Address
1	
TP No :	
2	
TP No:	
21. Declaration of Applicants:	
particulars are found to be false or inaccurate	his application are true and correct, I am aware that if any e prior to my selection, my application will be rejected and ccurate after my selection, I will be dismissed from service
	Date Signature of Applicant
NOTE: Applicants in the services of Govern forward their applications through the heat	nment, Corporations or Statutory Boards should ad of the institution concerned.
22. Forwarded:	
	columns 01 to 21 of this application are correct according She could be released/ could not be released from this nt.
Date	Signature of Head of the Dept/Institution
	Rubber Stamp