UNIVERSITY OF JAFFNA, SRI LANKA
APPLICATION FORM

POST OF REGISTRAR
State whether apply under Category: [a, b, c, d, e, f] : ……

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01. (a) Name with initials :

(b) Names denoted by Initials :

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02. Whether Rev./Mr./Mrs./Miss :

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03. (a) Postal Address :

(Any change should be communicated immediately)

(b) Contact Telephone No. :

(c) E-mail Address :

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04. National Identity Card No. :

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05. (a) Date of Birth :

Year	Month	Date

(b) Age as at the closing date of applications :

Years	Months	Days

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06. Civil Status :

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07. (a) Whether a Citizen of Sri Lanka (State whether by decent or by Registration. If by registration, give reference number & date of the certificate of citizenship) :

(b) Whether you have previously been convicted in a civil or criminal case:

If 'Yes' state further information on the same :

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08. Higher Qualification obtaiened :

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09. Education :

Schools Attended	*From*			*To*		
	Year	*Month*	*Date*	*Year*	*Month*	*Date*
1.						
2.						
3.						
4.						
5.						

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10. Qualifications

(Qualifications must have been obtained on or before the closing date for applications. All qualifications to be considered shall be indicated in the application, and certified copies of the relevant certificates shall be attached to the application)

(a) University Education:

Degrees/Diplomas	*Class*	*University*	*Date of Commencement*			*Effective Date*			*Duration*
			Year	*Month*	*Date*	*Year*	*Month*	*Date*	
1.									
2.									
3.									
4.									
5.									

(b) Professional Qualifications:

Institution	*Qualifications Obtained*	*Date of Commencement*			*Effective Date*			*Duration*
		Year	*Month*	*Date*	*Year*	*Month*	*Date*	
1.								
2.								
3.								
4.								
5.								

(c) Postgraduate Qualifications:

Postgraduate Degree/Diploma	*University*	*By Course or By Research*	*Date of Commencement*			*Effective Date*			*Duration (Prescribed period of Registration)*
			Year	*Month*	*Date*	*Year*	*Month*	*Date*	
1.									
2.									
3.									
4.									
5.									

(d) Training/Workshops attended:
(Attach copies of certificates)

Institution	*Name of the Training Programme/Workshop*	*From*			*To*			*Duration*
		Year	*Month*	*Date*	*Year*	*Month*	*Date*	
1.								
2.								
3.								
4.								

IT related Trainings/**Workshops**								
Institution	***Name of the Training Programme/Workshop***	***From***			***To***			***Duration***
		Year	***Month***	***Date***	***Year***	***Month***	***Date***	
1. 2. 3. 4.								

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11. Any other academic distinctions scholarships, medals, prizes etc.:
(Indicate the Institution from which such awards have been obtained)
(Attach copies of certificates)

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12. Research & Publications if any :
(If the space provided is insufficient, please use a separate sheet of the same size)

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13. Highest examination passed in Sinhala/Tamil :

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14. (a) Present Occupation :

1. Post :

2. Date of appointment to such post :

3. Whether confirmed in the present post :

4. Place of work with the Address :

5. Salary Scale of the post :

6. Present Salary a. Basic Salary :

b. Allowances :

(b) Previous appointments if any, with dates:
(Attach copies of service certificates)

Post	Department/ Institution	Period of Service						Salary Scale	Reason for Cessation of Employment
		From			To				
		Year	Month	Date	Year	Month	Date		

15. (a) Relevant experience gained as at the closing date of applications
(Period of experience relevant to the post applied for):

Years	Months	Days

(b) If you have obtained no-pay leave during this period, state the reasons for such leave and the period thereof:

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16. Organizational citizenship behavior :
(Voluntary commitments undertaken with organizations that are not part of your contractual duties. If the space provided is insufficient, please use a separate sheet of the same size.)

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17. Bank Deposit Slip should be affixed below:

Paste the Bank Deposit Slip Here

18. Names of two non related referees with addresses and Contact Numbers

Name	*Designation*	*Address*	*Contact No:* *Email Address*
1.			
2.			

I do hereby certify that particulars submitted by me in this application are true and accurate. I am aware that if any of these particulars are found to be false or inaccurate, I am liable to be disqualified before selection and to be dismissed without any compensation if the inaccuracy is detected after appointment .

Date: …….. **……..**

Signature of Applicant

For Internal Applicants Only

Vice-Chancellor,
University of Jaffna.

Application is recommended and forwarded. I certify that the particulars given in numbers 01 to 14 of this application are correct according to the applicant's personnel file and if he / she is selected for the said post he / she can be / cannot be released.

Remarks if any :

Vice-Chancellor/Secretary/Registrar
Rector/Director/DS/Personnel/UGC

Institute:…….

Date: ……

For public Service/ Corporation/ Statutory Board Candidates only

Vice-Chancellor,
University of Jaffna.

Application is recommended and forwarded. I certify that the particulars given in numbers 01 to 15 of this application are correct according to the applicant's personnel file and if he / she is selected for the said post he / she can be / cannot be released.

Remarks if any :

……..

Signature of the Head of the
Governing Body & Official Stamp

Name :……..……

Designation :……..……

Date :……