Office U	Ise only
Ref No:	
Status:	



UNIVERSITY OF JAFFNA APPLICATION FOR THE POST OF MANAGEMENT ASSISTANT (ON CONTRACT)

l. Perso	nal Info	rmation						
1.1 I	Full Nam	e						
					•••••		••••••	
(Wł	hether Mr.	n Initial /s /Mrs./Miss.)			•••••			
1.3 a	a) Addre							
	i.	Postal		•••••	•••••	•••••	••••••	•••••
					•••••		•••••	
	ii.	Private					•••••	
	b. Teleph	one Number	(i) 1	Land		(ii) Mobile	
(c. Fax Nu	ımber						
	d. Email .	Address						
	ate of Bir			•••••	•••••	1 ⊑ ∧ ~.		••••••
1.4 D 1.6 S€		uı						
1.8 N	ational Id	lentity Card No						
	cational							
2.1 Sc	chool atte		1 1			0 1	C 1	I + C1 1
		School atte	ended			Grade From	Grade To	Last Class passed
						TIOIII	10	
2.2 - I	G.C.E (O/L) Examinatio	ons (Ce	rtified copies	of th	e certificates	should be a	ttached)
Year	r:		•	Index	No:.			
NO	Subjects					Results		
1	Tamil/	Sinhala						
2	English	l						
3	Maths							
4								
5								
6								
7								
8								
9								
10								
2.3 - II	GCF(A/L) Examinatio	nns (Ca	rtified conies	of th	e certificates	should be a	ttached)
		A/ L) Examinanc	nis (Ce				onound de d	iiaciicu)
No	Subjects					sults		
1								
2			-					
3								

2.4) Degrees/Diplomas & Professional Qualifications (Certified copies of the certificates should be attached) Duration Effective Date Subject Obtained Name and Address of Commencement Specializati NVQ Level No Name of the Course Completion Date Class or DD MM YYYY the Institute Date on Grade DD MM YYYY DD MM YYYY 3 3. Working Experience 3.1 Present occupation (Certified copies of the certificates should be attached) Date of Period of relavant experience in the present Department / Institution Post/Designation Salary and its address post (as at closing date_ appointment Months: Years: Days

2.2 Duarriana anno anione ao	(Contitional accession of	مرواه وملوه الأناسو	1 -1 1
3.2 Previous experience	(Certified cobies of	the certificates shou	ia be attachedi

No	Post / Designation	Place of Works with Address	Job Description	Salary	Cor	nmencen Service		Е	nd of Ser	vice	Experion application	ence as at the date of the cation	closing
					DD	MM	YYYY	DD	MM	YYYY	Days	Months	Year
1													
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4													

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Extra-Cur 1.	rricular Activities
1.	
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3.	
4.	
5.	
J.	
Other Rel	evant Particulars
1.	
2.	
2. 3.	
2. 3.	
 2. 3. 4. 5. 	
2. 3. 4.	
2. 3. 4.	

6. Name and address of two referees:

		Referee 1	Referee 2
1 Name			
2 Address	6		
3 Post / In	nstitute		
4 Tel No.			
6 E-Mail			
)ate:			
			Signature of Applicant
		n a Government / Corporati rtment / Institution.	
illed by such	Head of the Depar		Signature of Applicant on / Statuary Board this section should be
illed by such	Head of the Depar	rtment / Institution.	Signature of Applicant on / Statuary Board this section should be
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Filled by such The applicant Name Designation Institute	Head of the Departure will / will not be	rtment / Institution. released, if selected for appo	Signature of Applicant on / Statuary Board this section should be intment. Head of Institution (Official Seal to be affixed)
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