

## Faculty of Management Studies & Commerce UNIVERSITY OF JAFFNA, SRI LANKA FORM OF APPLICATION FOR TEMPORARY POSITION

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	POST:							
	DISCIPLINE :							
1.	Name in Full :							
	(See note below)							
2.	Whether Rev./ Prof./ Dr./ Mr./							
	Mrs./ Miss.							
3.	(a) Postal address (Any changes should be communicated mediately)							
	(b) Contact No:							
	(c) Telephone :							
	(d) Fax : (e) e-mail address :							
4.	(i) Date of Birth & Age:							
	(ii) Identity Card No:							
5.	Civil Status:							
6.	University Education	University	Duration of	Results (Give	Name of			
	(Degree, Field of	Reg. No.	the Degree	class/grade/GPA and	the			
	Specialization)	1108.1101	with dates	effective date)	University			
•	If you were registered as a studer	ıt in University ı	under any other name p	lease indicate such name withi	n brackets.			

7.	a) Present Occupation		
	i. Designation :		
	ii. Date of Appointment:		
iii. Dept. / Institution and its address:			
	iv. Nature of Appointment: Permanent/Contract/Temporary/Casual/		
	v. a. Salary scale :		
	b. Basic Salary:		
	c. Allowance:		

8. Name of Two persons(with address to whom reference can be made)  Name  1.  2.  1 hereby certify that the particulars submitted by me in this application are true and accurate. I am aware if any of the 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		b) Previous appointments, if any with dates  Department / Past Salam analy				D (				
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Signature of applicant	Date:				••••					
				Signature of	applicant					