

**ALUMNI ASSOCIATION OF FACULTY OF SCIENCE, University of Jaffna**  
**Application for membership**

1. Title : .....
2. First Name : .....
3. Last Name : .....
4. Email Address : .....
5. \*Contact Number : .....
6. \*Postal Address : .....  
.....
7. Country of Residence : .....
8. Year of Admission : .....
9. \*Registration Number : .....
10. Degree : .....
11. Year of Graduation : .....
12. Highest Educational Qualification: .....
13. Working Place : .....  
.....
14. Field of Expertise : .....
15. How Do You Like to Contribute (Multiple options can be selected):  
 Adjunct Professor       Employer       Event Sponsor  
 Internship       Provider       Mentor for Career Guidance  
 Peer Reviewer       Research Collaborator       Scholarships Sponsor  
 Support Outreach Activities       Other .....
16. Membership fee  
 Life membership fee is Rs.3,000.00 for local residents (Sri Lanka)  
 Life membership fee is US \$ 100 for foreign residents

\* Optional

**Bank account details:**

Name of the account: ALUMNI ASSOCIATION OF FACULTY OF SCIENCE

Account Number: 162-2-001-8-0059656

Bank: PEOPLE'S BANK

Branch: JAFFNA UNIVERSITY

Swift code: PSBKLKLX

**Note:** Please send the completed application form along with a copy of the payment confirmation for the membership fee to the email address: [fosaa@univ.jfn.ac.lk](mailto:fosaa@univ.jfn.ac.lk)

Date: .....

Signature: .....