

# Airport & Aviation Services (Sri Lanka) Limited

## FORM OF APPLICATION

### POST OF ACCOUNTANT

1. Name in Full (In Block Letters) : .....
- .....
2. Whether Mr./Mrs./Miss ; .....
3. Postal Address : .....
- .....
4. Telephone Number/s - Residence : .....
- Mobile : .....
- Office : .....
5. E-mail Address : .....
6. Date of Birth (DD/MM/YYYY) : .....
7. Civil Status : .....
8. Educational Qualifications
- (a) Secondary Education(*Copy of certificate should be attached*)

Examination	Year	Subjects	Grade
GCE (O/L)			
GCE (A/L)			

(b) University Education (Degrees, Diplomas etc.) *(Copies of certificates should be attached)*

Name of the Degree/ Diploma	University	Period		Field of Degree	Results (indicate Class or Grade)	Effective Date
		From (dd/mm/yyyy)	To (dd/mm/yyyy)			

(c) Postgraduate Qualifications (Postgraduate Diplomas, Master Degrees, Ph.D. etc.)  
*(Copies of certificates should be attached)*

Name of the Degree/ Postgraduate Diploma	University/ Institution	Period		Subject Area/s	Effective Date
		From (dd/mm/yyyy)	To (dd/mm/yyyy)		

9. Professional Qualifications (Examination/Memberships of Professional Bodies ( Associate/Corporate Membership etc.) *(Copies of certificates should be attached)*

Institution	Name of the Examination/Membership	Membership Category	Effective Date

10. Training Programmes/Workshops/Seminars/Conferences participated:  
*(Copies of certificates should be attached)*

Programme	Institution & Country	Date/s

11. Special Achievements

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12. Employment History

(a) Present Post:*(Copy of Service certificate/ Appointment Letter should be attached)*

Post	Institution	Period	
		From (dd/mm/yyyy)	To (dd/mm/yyyy)

## (b) Previous Appointments

*(Copies of Service certificates/ Appointment Letters should be attached)*

Position	Institution	Period	
		From (dd/mm/yyyy)	To (dd/mm/yyyy)

## c) Work Experience

Please explain the key responsibilities handled under each position mentioned above in part (b)

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## 13. Extra Curricular Activities

14. Any Further relevant particulars (not indicated above):

15. Name of Two persons (with addresses) to whom reference can be made:

Name	Designation, Official Address & Official Tel. Nos.	Residential Address & Tel. No.
1. ....	.....	.....
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	.....	.....
	.....	.....
	.....	.....
2. ....	.....	.....
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	.....	.....
	.....	.....

I hereby certify that the 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; .....