	Application No.
Office Use Only	Call Up No.
Office use only	
Qualified	
Unqualified/ Doubtful	

## AIRPORT & AVIATION SERVICES (SRI LANKA) (PRIVATE) LIMITED BANDARANAIKE INTERNATIONAL AIRPORT, KATUNAYAKE

## APPLICATION FOR THE POST OF DEPUTY HEAD OF SECURITY SERVICES

1	Title :	Mr Mrs Miss Miss
	Last Name:	
	Initials with Last Name	
	Full Name as in NIC (In Block Letters)	
	Other Names	:
2	NIC No:	Date of Issue: Date Month Year
	Date Of Birth:	Date Month Year Age as at 10/02/2025:
	Gender:	Male Female Nationality:
	Marital Status	: Single Married Divorced Widow
3	<b>Contact Details</b>	
	Permanent Addres	SS:
	City/Town:	Postal Code :
	Telephone Numbe Home:	ers Mobile No:
	Office :	E-Mail:
	District :	Province :

(Important -. Further correspondent will be made to you via your Email address. Therefore, your Email address should be mentioned correctly and legibly)

4	Highest Educa	tion Qualificat	ion :				
5	Academic G C E (O/L	Qualification	ns (Copies of	certificates sh	ould be attac	hed)	
		ubject	Grade	Ind	lex No	Y	'ear
	GCE(A/L	)					
6	Index No	:			Year :		
	S	ubject	Grade	S	Subject	(	Grade
7	University E	ducation (Deg	grees, Diploma	as etc.)( <i>Copie</i> s	s of certificate	es should be	e
	Name of the Degree/	University/ Institution	Per	riod	Field of Degree	Results (indicate	Effective Date
	Diploma	Institution	From (dd/mm/yyyy)	To (dd/mm/yyyy)	Degree	Class or Grade)	Dute

<b>Postgraduate Qualifications (Postgraduat</b>	e Diplomas, Maste	er Degrees,	Ph.D.	etc.)
(Copies of certificates should be attached	)			

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

## 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

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

Name of the Training Programme/Workshops etc.	Institution	Period

Employment His  (a) Present Post attached)	tory ::( <i>Copy of Service c</i> o	ertificate or Appoil	ntment Letter sho	ould be	
Post	Institution	Per	iod	Describe the	
		From (dd/mm/yyyy)	To (dd/mm/yyyy)	work done	
	f Service certificates		<u>,                                    </u>		
	-	Per	iod To		
(Copies of	f Service certificates	Per	iod		
(Copies of	f Service certificates	Per	iod To		
(Copies of	f Service certificates	Per	iod To	attached) Total Service	
(Copies of	f Service certificates	Per	iod To		
(Copies of	f Service certificates	Per	iod To		
(Copies of	Institution	Per	iod To		

14	Extra	Curricular	<b>Activities:</b>
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Category	Туре	Achievement	Date/Year

Ν	lo.	Name & Position	Official Address & Tele. Nos.	Residential Address & Tele. Nos.

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.

Signature of the applicant:	Date: