	Application No.  Call Up No.							
	Office Use Only				сан ор но	•		
		vernment Nursing	g Diploma	Exper	ience	с	opies	
	Qualified Not Overage No Government Nursing Diploma							
ı	No 4 years Experiences No copies of certificates							
	AIRPORT & AVIATION SERVICES (SRI LANKA) (PRIVATE) LIMITED BANDARANAIKE INTERNATIONAL AIRPORT, KATUNAYAKE							
	APPLICATION	FOR THE POST	OF				<u></u>	
1	Title : Mr	Mrs	Miss					
	Last Name:							
	Initials with Last Name							
	Full Name as in : NIC							
2	NIC No:			Date of Is	sue: Date	Month	Year	
	Date Of Birth : Date	Month	Year	Age as at	10/02/2025	year	Month	
	Gender: Male	Female	Natio	nality:				
	Marital Status :	Single	Married	Divorce	d Wid	dow		
3	Contact Details							
	Permanent Address :							
	City/Town:		P	ostal Code	:			
	Telephone Numbers Home:		N	Mobile No:				
	E-Mail:		F	Province :				
	District :		Poll	ing Division	:			

4	Highest Educa	ition Qualificat	ion	:						
	1									
	Academic	Qualificatio	ne							
	G C E (O/L	_)	113							
									1	
5	S	ubject		Grade	Inc	dex No		Year		
							+			
							+			
							+			
					•		<u> </u>			
	G C E (A/L	-)								
	Index No	:				Year :				
6		Subject		Grade		Subject		Grad	de	
	UNIVERSIT	Y EDUCATION	/ POS	STGRADU	<u>JATE QUALIFI</u>	<u>CATIONS</u>				
	(Degrees, D	iplomas etc.)	(Copie	es of cer	tificates shoul	ld be attached	0			
	1	1	` '					. 1		
7	Name of the Degree/	University/ Institution		Per From	riod To	Field		esults dicate		ective ate
	Diploma	Institution			(dd/mm/yyyy)		-	ass or	D	acc
							G	rade)		

# PROFESSIONAL QUALIFICATIONS (Examination/Memberships of Professional Bodies etc.) (Copies of certificates should be attached)

8	Institution	Name of the Examination/Membership	Membership Category	Effective Date

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

9	Name of the Training Programme/Work shops ets.	Institution	Period

#### **LANGUAGE PROFICIENCY:**

(Please use words like Poor, Satisfactory, Good, Excellent to fill the table)

10	Language	Understanding	Speaking	Writing
	English			
	Sinhala			
	Tamil			

### **Working Experience**

(a) Present Employment (Copies of Service certificates should be attached.)

11	Post	Institution	Period		Total Service
			From (dd/mm/yyyy)	To (dd/mm/yyyy)	

### (b) Previous Employment (Copies of Service certificates should be attached.)

Post	Institution	Per	<b>Total Service</b>	
		From (dd/mm/yyyy)	To (dd/mm/yyyy)	

#### **Details of two non related referees:**

12	No.	Name & Position	Official Address And Telephone Nos.	Residential Address & Tel. 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:	