Airport & Aviation Services (Sri Lanka) Limited FORM OF APPLICATION

POST OF MANAGER (LEGAL)	

	1001011	ATTIVIOLIN (ELGILE)
1.		:
2.	Whether Mr./Mrs./Miss	;
3.	Postal Address	:
4.	Telephone Number/s - Residence	i
	Mobile	······
	Office	i
5.	E-mail Address	·
6.	Date of Birth (DD/MM/YYYY)	:
7.	N I C No	:
8.	Civil Status	·
9.	Educational Qualifications	
	(a) Secondary Education(Copy of cert	tificate 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)

University/ Institution	Period		Field of Degree	Results (indicate	Effective Date
Institution	From (dd/mm/yyyy)	To (dd/mm/yyyy)	Degree	Class or Grade)	2 333
	University/ Institution	Institution From	Institution From To	Institution From To Degree	Institution From To Class or

- (c) Details of Attorney-at-law (A copy of the certificate should be attached)
- (d) Postgraduate Qualifications (Postgraduate Diplomas, Master Degrees, Ph.D. etc.) (*Copies of certificates should be attached*)

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

10. 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

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

Programme	Institution & Country	Date/s

- 13. Employment History
 - (a) Present Post:(Copy of Service certificate/ Appointment Letter should be attached)

Post	Institution	Per	Period	
		From (dd/mm/yyyy)	To (dd/mm/yyyy)	the work done

(b) Previous Appointments (Copies of Service certificates/ Appointment Letters should be attached)

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

	c) Work Experience				
	Please explain the key	responsibilities handled	l under each position	mentioned above	in
	part (b)				
					•••
					••••
14. Ex	stra Curricular Activitie	S			

15. Any Further relevant pa	irticulars (not indicated above):	
16. Name of Two persons (with addresses) to whom reference can l	pe made:
Name	Designation, Official Address & Official Tel. Nos.	Residential Address & Tel. No
1		
2		
aware that if any of these partic	ulars submitted by me in this application ulars are found to be false or inaccurate missed without any compensation if the	e, I am liable to be disqualified
Date:	Signature of Applicant	,