			Application No.	
			Call Up No.	
Office Use Only				
Diploma		Institute		Copies
Effective Date				Age
Post Qualifying	j Experience			
Qualified	Not	Reason		
			SRI LANKA) LIMIT	
	BANDARANAIKE II	NIERNAIIONAL A	IRPORI, KATUNAY	AKE
<u>A</u>	PPLICATION FOR T	HE POST OF TEC	HNICAL OFFICER	(CIVIL)
Title :	Mr Mrs	Miss		
Last Name:				
Initials with Las Name	st			
Full Name as in NIC (In Block Letters)	:			
Other Names	:			
NIC No:		Date	of Issue: [Month Year
Date Of Birth :	Date Month	Year Age a	s at 12/07/2019:	
Gender:	Male Female	Nationality:		
Marital Status	: Single	Married Div	vorced Widow	
Contact Detail	ls			
Permanent Addr	ess :			
City/Town:		Postal C	Code :	
Telephone Numb Home:	oers	Mobile I	No:	
Office :		e-Mail:		
District :		Province :		

4	Highest Educa	tion Qualificat	tion :				
	<u>Academic</u>	Qualificatio	<u>ns</u>				
	G C E (O/L		Cuada	T	lass Na		
5	51	ubject	Grade	inc	lex No	Y	ear
				l			
	GCE(A/L	.)					
6	Index No	:			Year :		
	S	Subject	Grade	S	Subject	(Grade
	Degrees, Dir	plomas etc.)					
	(Copies of c	ertificates sh	ould be attach	ed)			
7	Name of the	University/	Per	riod	Field of	Results	Effective
	Degree/	Institution			Degree	(indicate	Date
	Diploma		From	То		Class or	
			(dd/mm/yyyy)	(dd/mm/yyyy)		Grade)	

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

Period

Subject

Effective

University/

Name of the Degree/

	Postgraduate Diploma	Inst	itution				Area/s	Date
	1 ostgradate Bipioma	11130	iracion	Fron (dd/mm/		To (dd/mm/yyyy)		Date
	Professional Qualific (Associate/Corpora							
7	Institution	T	Name of th			embership		
	mstitution		nation/Men			Category	Effective Date	
	Training Programme	es/Work	shops/Se	eminars/C	onfe	rences partici _l	pated:	
	(Copies of certificate	es snoui	a be attac	cnea)				
	Name of the Training Programme/Work shops ets.			Institution		Period		
	rrogramme, work shops ets.							

-					
_	Employment History (a) Present Post:	ory (<i>Copy of Service c</i> e	ertificate or Appoi	ntment Letter sh	ould be attached
2	Post	Institution	Per	riod	Describe the wor
			From (dd/mm/yyyy)	To (dd/mm/yyyy)	done
-					
	(b) Previous Emp	oloyment rvice certificates or	Appointment Lett	ters should be at	tached)
				riod To (dd/mm/yyyy)	Total Service
	(Copies of Sei	rvice certificates or	Per	riod To	_
	(Copies of Sei	rvice certificates or	Per	riod To	_
	(Copies of Sei	rvice certificates or	Per	riod To	_

Extra Curricular Activities:

8		Category		Туре	Achievement	Date/Year
	De	tails of two non relate	ed refere	ees:		
.0	No.	Name & Position		Official Add	dress & Tele. Nos.	Residential Address & Tele. Nos.
]	here	by certify that the parti	culars su	bmitted by n	ne in this applicati	on are true and accurate. I am
						te, I am liable to be disqualified
			smissed	without any	compensation if t	he inaccuracy is detected after
ā	appoin	itment.				

Signature of the applicant: Date: