					App	licatio	n No.			
						Call U	lp No.			
Office Use Onl	y GCE(O/L))	English [Mathema	atics		Copie	es	
GCE(A/L)		Diploma in A	Aviation		Qualified	d _		Not		
Reason										
		ORT & AVIA	NTERNAT	TIONAL	. AIRPOR	T, KA	TUNAY	AKE	<u>R</u>	
1 Title :	Mr	Mrs	Miss							
Last Name:										
Initials with La Name	ast									
Full Name as i NIC (In Block Letters)	n :									
Other Names	:									
2 NIC No:				Di	ate of Issu		oate [Month	Ye	ar
Date Of Birth:	Date	Month	Year	Ag	e as at 06/	/05/20		ar	Month	
Gender:	Male	Female [N	lationali	ty:					
Marital Status	: Sir	ngle	Married		Divorced [Widow			
Contact Deta										
City/Town:				Posta	al Code :					
Telephone Nun Home:				Mobi	le No:					
Office :			e-Mail:							
District :				Prov	ince :					

4	Highest Educa	tion Qualificat	ion	:					
	J								
	Academic	Qualification	<u>ns (Copi</u>	es of	certific	ates sh	ould be attacl	hed)	
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6	Index No	:		,			Year :		T
	1	Subject		Gr	ade		Subject		Grade
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	Degrees, L	Diplomas etc	. (Copie	SOFC	erunca	tes sno	ouid de attach	ea)	
7	Name of the	University/		Pei	riod		Field of	Results	Effective
	Degree/	Institution	Fror	n	Т	o	Degree	(indicate	Date
	Diploma		(dd/mm,	/уууу)	(dd/mn	n/yyyy)		Class or	
								Grade)	
	Diploma in								
	Aviation								
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	En	nployment Histo	ry								
8	(a) Present Post:			Institution			Period				
							From (dd/mm/yyyy)			To (dd/mm/yyyy)	
	(b)	Post	Post Institut		tion		Period			Total Service	
						From (dd/mm/yyyy)		To (dd/mm/yyyy)			
	Ex	tra-Curricular A	ctivities:								
9	Category			Туре	Achievement			ient	Date/Year		
	De	tails of two non re	elated refer	ees:							
10	No. Name & Position			Official Address & Tele. Nos.			Resi	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:	Datai	
Signature of the applicant.	 Date:	