	Call Up No.											
	Office Use Only Age :	Gove	rnment	Nursing	g Diploma	a	Exp	perience		Y		м
	Qualified	Not		Overa	ge	No G	overnme	ent Nurs	ing Dip	loma		
	No 14 years Exp	erience		Noc	opies of	certifica	ites					
1	AIRPORT & AVIATION SERVICES (SRI LANKA) LIMITED											
	BANDARANAIKE INTERNATIONAL AIRPORT, KATUNAYAKE											
	APPLI	CATIO	N FOR	THE P	OST OF	SENIO	RNUR	SING C	OFFICE	R (MAI	<u>LE)</u>	
1	Title :	Mr	Mrs		Miss		Other					
	Last Name:											
	Initials with Last Name											
	Full Name as in NIC	:										
	(Copy of Birth	n certifi	cate sh	ould be	e attach	ed.)						
2	NIC No:					Da	te of Iss			Month	Year	
	Date Of Birth :	Date	Month		Year	Age	e as at 02				Month	]
	Gender:	Male	Fer	nale	N	lationalit	y:					
	Marital Status	: 9	Single 🗌		Married	(	Divorced		Widow [			
3	Contact Details	5										
	Permanent Addre	ss :										
	City/Town:Postal Code :											
	Telephone No:											
	e-Mail:	Mail: Province :										
	District :	Polling Division :										

## **Academic Qualifications**

# G C E (O/L)

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5	Subject	Grade	Index No	Year

## GCE(A/L)

6	Index No :		Year	: [	
	Subject	Grade	Subject		Grade

## Degrees, Diplomas & Professional Qualifications etc. (Copies of certificates should be attached)

7	Name of the Degree/	University/ Institution	Per	Effective Date	
	Diploma/ Course	Diploma/ Course		То	
			(dd/mm/yyyy)	(dd/mm/yyyy)	

:

### **Working Experience**

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

8	Post	Institution	Period	
			From (dd/mm/yyyy)	To (dd/mm/yyyy)

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

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

### Details of two non related referees:

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

I do hereby certify that the above particulars given by me are true and correct to the best of my knowledge.

Signature of the applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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