	Office Lles Only	c Only					
	Office Use Only						
		O/L): Passed Not English : A B C S W					
	Maths : A         B         C         S         W         Science : A         B         C         S         W						
	GCE(A/L) : Passed	Not Height Weight Qualified Not					
	No Credit for English No Credit for Maths Not passed Science						
	Less than required heig	ht Less than required weight No copies of certificates					
	Other						
•							
		ARPORT & AVIATION SERVICES (SRI LANKA) LIMITED					
	APPL	ICATION FOR TRAINEE AIRPORT FIRE FIGHTER					
1	Title : Mr	Mrs Miss Other					
	Last Name:						
	Initials with Last						
	Full Name as in :						
	NIC						
		cate should be attached.)					
2	NIC No:	Date of Issue:  Date      Date      Month					
	Date Of Birth : Date	Month Year Age as at 26/07/2019: Month Month Month					
	Gender: Male	Female Nationality:					
	Marital Status :	Single Married Divorced Widow					
	Height: Inches	Weight: kg					
3	Contact Details						
5	Permanent Address :						
	City/Town:	Postal Code :					
	Telephone No:	Mobile No:					
	e-Mail:	Province :					
	District :	Polling Division :					

4

## Academic Qualifications G C E (O/L) (Copies of certificates should be attached.)

5	Subject	Grade	Index No	Year

:

#### G C E (A/L) (Copies of certificates should be attached.)

6	Index No :		Year :	
	Subject	Grade	Subject	Grade

# **Professional Qualifications**

7	Institute	Name of Course	Level of Qualifications	Duration/Commencing & Closing Date

## Language Proficiency

8 Language		Reading			Speaking			Writing				
<u> </u>	1	2	3	4	1	2	3	4	1	2	3	4
English												
Sinhala												
Tamil												

Please initiate " $\checkmark$ " as appropriate. 1 – Excellent 2 – Good 3 – Average 4 – Poor

# Working Experience

9	Designation	Institute & Address	From /To

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

10	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:	
5		