

**Call Up No.**

## Office Use Only

**Age** :   **Government Nursing Diploma** ☐ **Experience**  **Copies**

**Qualified** ☐ **Not** ☐ **Overage** ☐ **No Government Nursing Diploma** ☐

**No 4 years Experiences** ☐ **No copies of certificates** ☐

**AIRPORT & AVIATION SERVICES (SRI LANKA) LIMITED**  
**BANDARANAIKE INTERNATIONAL AIRPORT, KATUNAYAKE**

**APPLICATION FOR THE POST OF STAFF NURSE (MALE) (ON CONTRACT)**

1	Title	:	Mr	<input type="text"/>	Mrs	<input type="text"/>	Miss	<input type="text"/>	Other	<input type="text"/>
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Last Name:

[illegible][illegible]

**(Copy of Birth certificate should be attached.)**

**2** NIC No:  Date of Issue:     
Date Month Year

Date Of Birth : 



















      Age as at 26/07/2019:

Date                      Month                      Year                      year                      Month

Gender: Male ☐ Female ☐ Nationality:

Marital Status : Single ☐ Married ☐ Divorced ☐ Widow ☐

### 3 Contact Details

Permanent Address : \_\_\_\_\_  
\_\_\_\_\_

City/Town: \_\_\_\_\_ Postal Code : \_\_\_\_\_

Telephone No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

e-Mail: Province :

District : Polling Division :

4	<b>Highest Education Qualification</b>	:	_____
			_____
			_____

### **Academic Qualifications**

#### **G C E (O/L)**

5	Subject	Grade	Index No	Year

#### **G C E (A/L)**

6	Index No	:		Year	:	
	Subject	Grade	Subject	Grade		

### **Professional Qualifications**

**(Copies of certificates should be attached.)**

7	Institute	Name of Course	Level of Qualifications	Duration/Commencing & Closing Date
	Ministry of Health	Government Nursing Diploma		

### **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)	

**Language Proficiency**

9	Language	Reading				Speaking				Writing			
		1	2	3	4	1	2	3	4	1	2	3	4
	English												
	Sinhala												
	Tamil												

Please initiate "✓" as appropriate.

1 – Excellent    2 – Good    3 – Average    4 – Poor

**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: \_\_\_\_\_