				Application	No.	
	Office Hee Only			Call Up	No.	
	Office Use Only					
	Qualified	Not	Reason			
•		AIRPORT & AVIATION SERVICES (SRI LANKA) LIMITED BANDARANAIKE INTERNATIONAL AIRPORT, KATUNAYAKE  APPLICATION FOR THE POST OF LEGAL OFFICER (PART TIME)  The last me				
	<u>APPLI</u>	CATION FOR T	HE POST OF	LEGAL OFFICER (I	PART TIME)	
1	Title : M	r Mrs	Miss			
	Last Name:					
	Initials with Last Name					
	Full Name as in NIC (In Block Letters)					
	Other Names :					
2	NIC No:				e Month	Year
	Date Of Birth:	ate Month	Year	Age as at 18/01/2021		Month
	Gender: Ma	le Female	Natio	nality:		
	Marital Status	: Single	Married	Divorced W	idow	
3	Contact Details					
	Permanent Address	:				
	City/Town:		P	ostal Code :		
	Telephone Numbers Home:		N	lobile No:		
	Office :		e-Mail:			

Province :

District:

4	Highest Educa	tion Qualificat	ion :				
	1		••••				
	Academic G C E (O/L	Qualification	<u>ns</u>				
5	Sı	ubject	Grade	Ind	lex No	Y	ear
	C C E (A/I	,	'	-		•	
6	GCE(A/L Index No	·) :			Year වසර :		
	S	ubject	Grade	S	Subject	Gra	de ශු්ණිය
	University E	<b>ducation</b> (Deg	grees, Diplomas	etc.) <b>(Copies o</b>	f certificates	should be a	ttached)
7	Name of the Degree/	University/ Institution	Per	riod	Field of Degree	Results (indicate	Effective Date
	Diploma	Institution	From	То	Degree	Class or	Date
			(dd/mm/yyyy)	(dd/mm/yyyy)		Grade)	

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

8	Name of the Degree/ Postgraduate Diploma	University/ Institution	Per	iod	Subject Area/s	Effective Date
			From	То		
			(dd/mm/yyyy)	(dd/mm/yyyy)		
					·	

**Professional Qualifications (Attorney-at-Law,** Examination/Memberships of Professional Bodies (Associate/Corporate Membership etc.) (*Copies of certificates should be attached*)

	(Associate/Corporate i	rembership etc.) (copies of	certificates silvulu i	be attached)
9	Institution	Name of the	Membership	Effective Date
		Examination/Membership	Category	

## Training Programmes/Workshops/Seminars/Conferences participated: (Copies of certificates should be attached)

10	Name of the Training Programme/Work shops ets.	Institution	Period
	rrogramme, work shops ets.		

_	loyment Hist Present Post:	ory ( <i>Copy of Service c</i> e	ertificate or Appoil	ntment Letter sho	ould be attach
	Post	Institution	Per	iod	Describe th
			From (dd/mm/yyyy)	To (dd/mm/yyyy)	work done
	(Copies of	Service certificates Institution	Per From	iod To	
			Per From	iod	
			Per From	iod To	
			Per From	iod To	
			Per From	iod To	attached) Total Servic
			Per From	iod To	
		Institution	Per From	iod To	

## **Extra Curricular Activities:**

		Category	-	Туре	Achievement	Date	/Year
	De	tails of two none re	lated refe	rees:			
	No.	Name & Position		Official Ad	dress & Tele. Nos.	Residential Addres	ss & Tele. No
_							
Ι	herel	by certify that the pa	rticulars su	bmitted by	me in this applicat	ion are true and	accurate. I
а	ware	that if any of these p	articulars a	re found to	be false or inaccura	ite, I am liable to	be disqual
b	efore	selection and to be	dismissed	without any	compensation if	the inaccuracy is	detected a
а	ppoin	tment.					

Signature of the applicant: Date: