				Applicatio	on No.	
Office Use Only				Call L	Jp No.	
Qualified	Not	Reason				
В	ANDARANAI	AVIATION SERV KE INTERNATION N FOR THE PO	ONAL AIRP	ORT, KAT	UNAYAKE	
1 Title : M	Mr Mrs	5 Miss				
Last Name:						
Initials with Last Name						
Full Name as in NIC (In Block Letters)	:					
Other Names	:					
2 NIC No:	Date Month	n Year	_	f Issue:	Date Month	Year
Gender: M	ale Fei	male N	ationality:			
Marital Status	: Single	Married	Divor	rced	Widow	
3 <b>Contact Details</b> Permanent Address	5 :					
City/Town:			Postal Cod	de :		
Telephone Number Home:			Mobile No	:		
Office :		e-Mail:				
District :			Province :			

# Academic Qualifications

	G C E (U/L)			
5	GCE(O/L) Subject	Grade	Index No	Year

:

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## GCE(A/L)

6	Index No :		Year jir :	
	Subject	Grade	Subject	Grade fY%aKsh

University Education (Degrees, Diplomas etc.)(Copies of certificates should be

#### attached)

7	Name of the Degree/	University/ Institution	Per	iod	Field of Degree	Results (indicate	Effective Date
	Diploma		From	То	5	Class or	
			(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	Period		Subject Area/s	Effective Date
		institution	From (dd/mm/yyyy)	To (dd/mm/yyyy)		Dute

## Professional Qualifications (Examination/Memberships of Professional Bodies (Associate/Corporate Membership etc.) (*Copies of certificates should be attached*)

9	Institution	Name of the Examination/Membership	Membership Category	Effective Date

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

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

11	Special Achievements
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#### **Employment History**

(a) Present Post:(*Copy of Service certificate or Appointment Letter should be attached*)

12	Post	Institution	Period		Describe the work done
			From (dd/mm/yyyy)	To (dd/mm/yyyy)	

#### (b) Previous Employment

#### (Copies of Service certificates or Appointment Letters should be attached)

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

Working Experience

Please explain the key responsibilities handled under each position mentioned above in part (b) in brief

### **Extra Curricular Activities:**

14	Category	Туре	Achievement	Date/Year

#### Details of two non related referees:

15	No.	Name & Position	Official Address & Tele. Nos.	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.

Cignoture of the applicants	Data	
Signature of the applicant:	Date:	

Note:

In addition to the above please provide the information required below.

### Additional Information Required

Please provide following information regarding your current post and working place as additional information to be used for our reference. We ensure confidentially of the information.

1.	Name:	:	
2.	Your present designation & work place	:	
3.	Appointment date for the present designation		
4.	Reporting hierarchy	•	
5.	No of subordinates with designations	:	
6.	Annual turnover of the present Company/institute	•	
7.	Profit before tax	•	
8.	Ownership of the company: private/public/quoted public/government	•	
9.	Share capital (if applicable) : No of shares and value	•	
10.	Key responsibilities of your present post	•	

Date : .....

Signature : .....