		Application No.	
	Office Use Only	Call Up No.	
	Office Use Only		
	Qualified	Not Reason	
		RT & AVIATION SERVICES (SRI LANKA) (PRIVATE) LIMITED NDARANAIKE INTERNATIONAL AIRPORT, KATUNAYAKE	
	<u>APPLICA</u>	TION FOR THE POST OF INTERNAL AUDITOR GRADE II	
1	Title : Mr	Mrs Miss	
	Last Name:		
	Initials with Last Name		
	Full Name as in : NIC (In Block Letters)		
	Other Names :		
2	NIC No:	Date of Issue: Date Month Year	
	Date Of Birth : Date	Age as at 25/03/2021:	
	Gender: Male [Female Nationality:	
	Marital Status :	Single Married Divorced Widow	
3	Contact Details		
	Permanent Address :		
	City/Town:	Postal Code :	
	Telephone Numbers Home:	Mobile No:	
	Office :	e-Mail:	

Province :

District:

	•						
	Academic	<u>Qualificatio</u>	<u>ns</u>				
	G C E (O/L		6 . 1.	T	I. NI.		
5	5	ubject	Grade	Inc	lex No	Y	'ear
	GCE(A/L	.)					
6	Index No	:			Year :		
	S	Subject	Grade	9	Subject	(Grade
	University E	ducation (Dec	grees, Diplomas	etc.)(Copies o	of certificates :	should be a	ttached)
7	Name of the	University/	Per	riod	Field of	Results	Effective
	Degree/	Institution	From	То	Degree	(indicate Class or	Date
	Diploma			(dd/mm/yyyy)		Grade)	
			(dd/11111/9999)	(44) (1111)		Grade	

4 Highest Education Qualification

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

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

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.		

I	Employment Hist	tory			
	(a) Present Post: Post	Institution	ertificate or Appoin	T-	Describe the
			From (dd/mm/yyyy)	To (dd/mm/yyyy)	work done
((b) Previous Emp (<i>Copies of</i> Post	oloyment Service certificates Institution	Per	iod	
	(Copies of	Service certificates		iod To	
	(Copies of	Service certificates	Per From	iod To	
	(Copies of	Service certificates	Per From	iod To	
	(Copies of	Service certificates	Per From	iod To	
	(Copies of	Service certificates	Per From	iod To	attached) Total Servic

Extra Curricular Activities:

1		Category	1	Гуре	Achievement		Date/Year
•							
	De	tails of two non relat	ed refere	es:			
,	No.	Name & Position		Official Add	dress & Tele. Nos.	Res	sidential Address & Tele. Nos.
							are true and accurate. I
							I am liable to be disquali
			iismissea	without any	compensation if	me i	naccuracy is detected at
а	phoiu	tment.					

Signature of the applicant: ______ Date: _____