		Application No.							
					Call	Up No.			
	Office Use Only								
	Qualified	Not	Reason						
		RT & AVIATION NDARANAIKE II						)	
	APPLICATION FOR	THE POST OF							
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 o	of Issue:	Date	Month	Year	
	Date Of Birth : Date	Month	Year	Age as	at 21/12/2	2021: yea	ar	Month	
	Gender: Male	Female	Na	ationality:					
	Marital Status :	Single	Married	Divo	orced	Widow			
3	Contact Details								
	Permanent Address :								
	City/Town:			Postal Co	ode :				
	Telephone Numbers Home:			Mobile N	0:				
	Office :		e-Mail:						
	District :		[	Province :					

# Academic Qualifications

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

:

----

### GCE(A/L)

6	Index No :		Year වසර :	
	Subject	Grade	Subject	Grade ගේණිය

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

7	Name of the Degree/	University/ Institution	Period		Field of Degree	Results (indicate	Effective Date
	Diploma		From (dd/mm/yyyy)	To (dd/mm/yyyy)	_	Class or 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	Period		Effective Date
			From (dd/mm/yyyy)	To (dd/mm/\\\\\\)	Area/s	
				(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.		

#### **Employment History**

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

12	Post	Institution	Per	iod	Describe the work done
			From	То	WORK GOILE
			(dd/mm/yyyy)	(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)	

### 13

#### **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.

Cianatura of the englished	Data	
Signature of the applicant:	Date	
Signature of the application	Date	