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as at	19.04.	2023:	yea	r		Moi	nth	
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	LANK AIRP	ish LANKA) (F	ish	LANKA) (PRIVATE) L. AIRPORT, KATUNAYA DRT SERVICE AGENT (LANKA) (PRIVATE) LIMI AIRPORT, KATUNAYAKE DRT SERVICE AGENT (MA	bjects ish LANKA) (PRIVATE) LIMITED AIRPORT, KATUNAYAKE DRT SERVICE AGENT (MALE) te of Issue:	LANKA) (PRIVATE) LIMITED AIRPORT, KATUNAYAKE DRT SERVICE AGENT (MALE)/(FEI	LANKA) (PRIVATE) LIMITED AIRPORT, KATUNAYAKE DRT SERVICE AGENT (MALE)/(FEMALE) te of Issue:

	AIRPORT & AVIATION SERVICES (SRI LANKA) (PRIVATE) LIMITED BANDARANAIKE INTERNATIONAL AIRPORT, KATUNAYAKE						
	APPLICATION FOR THE POST OF TRAINEE AIRPORT SERVICE AGENT (MALE)/(FEMALE)						
1	Title : Mr						
	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: Age as at 19.04.2023: year Month						
	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:						
	District : Province :						

Reason

Office Use Only

GCE (A/L) Mathematics & Physics

Age

Qualified

Passed GCE(O/L)

Not

5	Highest Educa	tion Qualificat	ion :				
	I						
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		Qualification	ns ertificate should	he attached)			
6		ubject	Grade		lex No	Y	ear
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	GCE(A/L Index No	.) (copy of the c	ertificate should l		Year :		
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			Grade				
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	University E	ducation (Deg	rees, Diplomas	etc.)(Copies of	certificates sn	ouid be attac	nea)
8	Name of the	University/	Per	riod	Field of	Results	Effective
	Degree/ Diploma	Institution	From To		Degree	(indicate Class or	Date
	Бірібіна		rrom 10 (dd/mm/yyyy) (dd/mm/yyyy)			Grade)	
						_	

Height:

Inches

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

9	Name of the Trainin		Institution	P	eriod
	Programme/Work shop	es etc.			
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10	Special Achievements				
	Employment History				
	(Copy of Service cer	tificate or Appoin	tment Letter should	d be attached)	

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

Details of two non related referees:

12	No.	Name & Position	Official Address & Tele. Nos.	Residential Address & Tele. Nos.				
I	herel	by certify that the particulars su	bmitted by me in this application	on are true and accurate. I am				
а	ware	that if any of these particulars a	re found to be false or inaccurat	te, I am liable to be disqualified				
b	before selection and to be dismissed without any compensation if the inaccuracy is detected after							
а	ppoin	tment.						
	Signa	ature of the applicant:		Date:				