

Application No.

Call Up No.

Office Use Only

Qualified Not Reason

**AIRPORT & AVIATION SERVICES (SRI LANKA) LIMITED
BANDARANAIKE INTERNATIONAL AIRPORT, KATUNAYAKE
APPLICATION FOR THE POST OF TEAM LEADER (ON CONTRACT)**

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 : Age as at 06/04/2022:
Date Month Year 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 :

4 **Highest Education Qualification** : _____

Academic Qualifications
G C E (O/L)

5	Subject	Grade	Index No	Year

G C E (A/L)

6 Index No : _____ Year මස : _____

Subject	Grade	Subject	Grade ශ්‍රේණිය

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

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

**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
			From (dd/mm/yyyy)	To (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 etc.	Institution	Period

11 Special Achievements

.....

.....

.....

.....

.....

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)	

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

.....

.....

.....

.....

.....

Extra Curricular Activities:

14	Category	Type	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.

Signature of the applicant: Date: