					ication No.		
	Office Use Only			C	Call Up No.		
	Age : Gove	rnment Nursing	g Diploma	Experi	ence	Со	pies
	Qualified Not Overage No Government Nursing Diploma						
_	No 4 years Experience	s 🔄 No co	pies of certif	icates			
	AIRPORT & AVIATION SERVICES (SRI LANKA) (PRIVATE) LIMITED BANDARANAIKE INTERNATIONAL AIRPORT, KATUNAYAKE						
	APPLICATIO	ON FOR THE I	POST OF ST	AFF NUR	SE GRADI	E III (MAL	<u>E)</u>
1	Title : Mr	Mrs	Miss				
	Last Name:						
	Initials with Last						
	Full Name as in : NIC						
2	NIC No:			Date of Iss	Sue: Date	Month	Year
	Date Of Birth : Date	Month	Year	Age as at 1	.8/07/2023:	year	Month
	Gender: Male	Female	Natior	nality:			
	Marital Status : S	Single	Married	Divorced	Wide	ow	
3	Contact Details						
	Permanent Address :						
	City/Town:		Po	ostal Code :			
	Telephone Numbers Home:	Mobile No:					
	E-Mail:		Pi	rovince :			
	District :		Polli	ng Division	:		

4

Academic Qualifications G C E (O/L)

5	Subject	Grade	Index No	Year

GCE(A/L)

	Index No :		Year :	
6	Subject	Grade	Subject	Grade
. <u> </u>				

UNIVERSITY EDUCATION / POSTGRADUATE QUALIFICATIONS

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

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

:

PROFESSIONAL QUALIFICATIONS (Examination/Memberships of Professional Bodies etc.) (*Copies of certificates should be attached*)

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

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

9	Name of the Training Programme/Work shops ets.	Institution	Period

LANGUAGE PROFICIENCY:

(Please use words like Poor, Satisfactory, Good, Excellent to fill the table)

10	Language	Understanding	Speaking	Writing
	English			
	Sinhala			
	Tamil			

Working Experience

(a) Present Employment (Copies of Service certificates should be attached.)

11	Post	Institution	Per	iod	Total Service
			From (dd/mm/yyyy)	To (dd/mm/yyyy)	

(b) Previous Employment (Copies of Service certificates should be attached.)

Post	Institution	Per	Period	
		From (dd/mm/yyyy)	To (dd/mm/yyyy)	

Details of two non related referees:

12	No.	Name & Position	Official Address And Telephone Nos.	Residential Address & Tel. 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:	