

Application No.

Call Up No.

**Office Use Only**

Age  Qualification  Effective Date

Institute  Post Qualifying experience  Y  M

Qualified  Not  Reason

**AIRPORT & AVIATION SERVICES (SRI LANKA) (PRIVATE) LIMITED  
BANDARANAIKE INTERNATIONAL AIRPORT, KATUNAYAKE**

**APPLICATION FOR THE POST OF SYSTEMS ADMINISTRATOR (DATABASE)**

**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 20/10/2023:    
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 :



**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 ets.	Institution	Period

**LANGUAGE PROFICIENCY:**

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

11	Language	Understanding	Speaking	Writing
	English			
	Sinhala			
	Tamil			

## 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 (Copy of Service Certificate or Appointment Letter 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

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### Details of two non related referees:

14	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: .....