

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 NETWORK ADMINISTRATOR

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 etc.	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: