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

APPLICATION FOR THE POST OF STORE KEEPER

01 Title   :   Mr [____]   Mrs [____]   Miss [____]

Last Name: [| | | | | | | | | | | | | | | | | | |]

Initials with Last Name [| | | | | | | | | | | | | | | | | | |]

Full Name as in NIC (In Block Letters)   : [| | | | | | | | | | | | | | | | | | |]

02 NIC No: [| | | | | | | | | | | |]   Date of Issue: [|] [|] [| |]
                                              Date   Month   Year

Date Of Birth : [|] [|] [| |]   Age as at 18/06/2024: [|] [|]
              Date Month   Year   year   Month

Gender: Male [____]   Female [____]   Nationality: [_____]

Marital Status   :   Single [____]   Married [____]   Divorced [____]   Widow [____]

03 **Contact Details**

Permanent Address : _____
_____
_____

City/Town: _____   Postal Code : _____

Telephone Numbers
Home: _____   Mobile No: _____

Office : _____   e-Mail: _____

District : _____   Province : _____

04	**Highest Education Qualification**	:

05	**<u>Academic Qualifications</u> (**_Copies of certificates should be attached_**)**

G C E (O/L)

Subject	Grade	Index No	Year

06	**G C E (A/L) (**_Copies of certificates should be attached_**)**

Index No   :   Year   :

Subject	Grade	Subject	Grade

07	**University or Professional Educations** (Degrees / Post Graduate Diplomas / Master Degrees , PH.D / Diplomas / Certificates/ Memberships etc.)(**_Copies of certificates should be attached_**)**

Name of the Institute	Name of the Course	Period		Effective Date
		From (dd/mm/yyyy)	To (dd/mm/yyyy)	

08

Any Other relevant qualifications and special achievements

09

Work Experience

a) **Present Post : (*Copy of Service certificate or Appointment Letter should be attached*)**

Name of the Organization	Position held	Period		Describe the work done.
		From (dd/mm/yyyy)	To (dd/mm/yyyy)	

b)**Previous Employments : (*Copy of Service certificates should be attached*)**

Name of the Organization	Position held	Period		No of years /Months
		From (dd/mm/yyyy)	To (dd/mm/yyyy)	

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

| 10 | **<u>Extra Curricular Activities :</u>** |

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| 11 | |

Details of two non related referees:

No.	Name	Designation ,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: _____