		Application No.
Office Use O	nly	Call Up No.
Qualified		
Unqualified/ Doubtful		

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

APPLICATION FOR THE POST OF DEPUTY HEAD OF SECURITY SERVICES

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:	Date Month Year Age as at 24/07/2024:
	Gender: N	Male Female Nationality:
	Marital Status	: Single Married Divorced Widow
3	Contact Details Permanent Addres	s:
	City/Town:	Postal Code :
	Telephone Numbe Home:	Mobile No:
	Office :	E-Mail:
	District :	Province :

(Important -. Further correspondent will be made to you via your Email address. Therefore, your Email address should be mentioned correctly and legibly)

4	Highest Educa	tion Qualificat	tion :				
ı	Academic (ns (Copies of	certificates sh	ould be attac	rhed)	
5		ubject	Grade	Ind	lex No	Y	ear
6	G C E (A/L Index No	:			Year :		
•	S	ubject	Grade	S	Subject		Grade
,							
	University E attached)	ducation (De	grees, Diploma	as etc.)(<i>Copie</i> s	s of certificat	es should be	9
7	Name of the Degree/	University/ Institution	Per	riod	Field of Degree	Results (indicate	Effective Date
	Diploma		From (dd/mm/yyyy)	To (dd/mm/yyyy)		Class or Grade)	

Postgraduate Qualifications (Postgraduate Diplomas, Master Degrees, Ph.D. etc.) (Copies of certificates should be attached)

			•			
8	Name of the Degree/	University/	Pe	riod	Subject	Effective
	Postgraduate Diploma	Institution			Area/s	Date
			From	То		
			(dd/mm/yyyy	(dd/mm/yyyy)		
						<u> </u>
	Professional Qualific (Associate/Corporate)					
9	Institution	Name of th		Membership	Effectiv	e Date
		Examination/Mem	bership	Category		

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/Workshops etc.	Institution	Period
	Programme/ workshops etc.		

 Employment Histo	ory			
(a) Present Post: attached)	(Copy of Service co	ertificate or Appoii	ntment Letter sho	ould be
Post	Institution	Per	iod	Describe the
		From (dd/mm/yyyy)	To (dd/mm/yyyy)	work done
(b) Previous Emp	loyment			
(Copies of a	Institution	From (dd/mm/yyyy)	iod To	attached) Total Service

Extra Curricular Activities:

14	Category	Туре	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:
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