	Application No.									
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	Qualified N	lot	Reason							
		& AVIATION SE PARANAIKE INTI								
	APPLICATION FO					-				
	-									
1	Title : Mr	Mrs	Miss							
	Last Name:									
	Initials with Last									
	Name									
	Full Name as in :									
	NIC (In Block Letters)									
	Other Names :									
										<i>,</i>
2	NIC No:			Da	te of Iss		Date	Month		Year
	Date Of Birth : Date	Month	Year	Age	e as at 2	27/12/20	24:	ar	Mon	th
	Gender: Male	Female	N	ationalit	y:					
	Marital Status :	Single	Married		Divorced	I	Widow [
3	Contact Details									
	Permanent Address :									
	City/Town:			Posta	l Code :					
	Telephone Numbers Home:			Mobil	e No:					
	Office :	E	-Mail:							
	District :			Province	e :					

(<u>Important</u> -. 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	ion	:					
,									
	Academic	Qualification	ns (Ca	pies of	certificates sh	ould be attac	hed)		
	G C E (O/L	.) ubject		Grade	Ind	lex No		V	ear
5	31	ирјесс		Grade	IIIC	iex No		1 '	eai
		_							
	G C E (A/L Index No	.) :				Year :			
6		Subject		Grade		Subject		(Grade
!									
		ducation (De	grees,	Diploma	as etc.)(<i>Copie</i> :	s of certificat	es sl	hould be	•
	attached)								
7	Name of the	University/		Per	riod	Field of	R	esults	Effective
	Degree/	Institution			Г	Degree		dicate	Date
	Diploma			rom	To (dd/mm/yyyy)			ass or rade)	
			(uu/II	1111/yyyy <i>)</i>	(dd/IIIII/yyyy)		"	raue)	
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Postgraduate Qualifications (Postgraduate Diplomas, Master Degrees, Ph.D. etc.) (Copies of certificates should be attached)

	(Copies of Certificati	es snould be attac	ineu j				
8	Name of the Degree/	University/		Per	iod	Subject	Effective
	Postgraduate Diploma	Institution				Area/s	Date
			From		То		
			(dd/mm/)	уууу)	(dd/mm/yyyy)		
	Professional Qualific	cations (Examinat	ion/Memb	bersh	ips of Profess	ional Bodie	s
	(Associate/Corporate						
		1	1				
9	Institution	Name of th	_		embership	Effectiv	e Date
		Examination/Mem	nbership		Category		

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 Hist	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	oloyment			
(Copies of	Service certificates	s or Appointment L	etters should be	attached)
Post	Institution	Per	iod	Total Service
Post	Institution	From	To (dd/mm/yyyy)	Total Service
Post	Institution	From	То	Total Service
Post	Institution	From	То	Total Service
Post	Institution	From	То	Total Service
Post	Institution	From	То	Total Service
Post	Institution	From	То	Total Service
Post	Institution	From	То	Total Service
Post	Institution	From	То	Total Service

Extra Curricular Activities:

14		Category	T	ype	Achievement	Date/Year
	De	tails of two non relat	ed refere	ees:		
15	No.	Name & Position		Official A	ddress & Tele. Nos.	Residential Address & Tele. Nos.

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:	
Signature of the applicant.	 Dutc.	