Office Use Or	ly Call Up No.
Age :	GCE(O/L): Passed Not English : A B C S W
Maths : A	B C S W GCE(A/L) : Passed Not Height
Qualified	Not Overage No Credit for English No Credit for Maths
Less than requ	ired height No copies of certificates Less than age limit
Other	
APPLIC	AIRPORT & AVIATION SERVICES (SRI LANKA) (PRIVATE) LIMITED BANDARANAIKE INTERNATIONAL AIRPORT, KATUNAYAKE ATION FOR THE POST OF TRAINEE AIRPORT SERVICES ASSISTANT
1 Title :	Mr Mrs Miss Other
Last Name:	
Initials with Last Name	

Full Name as in	:																	
NIC																	 	
(Copy of Birth	cei	rtifi	cate	sh	ould	l be	att	ach	ed.)	1	1	1	1	1	1	1	 	

2	NIC No:	Date of Issu	e: Date Month Year
	Date Of Birth : Date	Month Year Age as at 18	/02/2025: year Month
	Gender: Male	Female Nationality:	
	Marital Status : S	Single Married Divorced [Widow
	Height: Inches	Weight: kg	BMI:
3	Contact Details		
	Permanent Address :		
	City/Town:	Postal Code :	
	Telephone No:	Mobile No:	
	e-mail:		Province :
	District :	Polling Division :	

(Important – Further correspondent will be made to you via your Email address. Therefore, your Email address should be mentioned correctly and legibly) 4

ACADEMIC QUALIFICATIONS

G.C.E. (O/L) (Copies of certificates should be attached.)

5	Subject	Grade	Index No	Year

:

G.C.E. (A/L) (Copies of certificates should be attached.)

6	Index No :		Year :	
	Subject	Grade	Subject	Grade

UNIVERSITY EDUCATION

(Degrees, Diplomas etc.)

7	Name of the	University/	Per	iod	Field of	Results	Effective
	Degree/	Institution	From	То	Degree	(indicate	Date
	Diploma		(dd/mm/yyyy)	(dd/mm/yyyy)		Class or	
						Grade)	

PROFESSIONAL QUALIFICATIONS

8	Institute	Name of Course	Level of Qualifications	Duration/Commencing & Closing Date

LANGUAGE PROFICIENCY

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

9	Language	Understanding	Speaking	Writing
	English			
	Sinhala			
	Tamil			

EXTRA CURRICULAR ACTIVITIES

10	Category	Туре	Achievement	Date/Year
	(eg: Sports, Music, Dancing, etc)			
	Eg: Sports	Cricket	School Team	1995

WORKING EXPERIENCE

11	Designation	Institute & Address	From	То

DETAILS OF TWO NON-RELATED REFEREES

12	No.	Name & Position	Official Address And Telephone Nos.	Residential Address & Tel. 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:	
orginatare or the applicant		