			A	pplication Call Up			
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APPLICATION FO	OR THE POST	OF INFO	RMATION	SECURI	ry Engli	NEER	
Title : Mr	Mrs	Miss					
Last Name:							
Initials with Last Name							
Full Name as in : NIC (In Block Letters)							
Other Names :							
NIC No:			Date of Is	ssue: Dat	te Monti	h	Year
Date Of Birth : Date	Month	Year	Age as at	27/10/202	5: year	Mo	nth
Gender: Male	Female	Natio	nality:				
Marital Status : S	Single	Married	Divorce	ed W	/idow		
3 Contact Details							
Permanent Address :							
- City/Town:		F	ostal Code	:			
Telephone Numbers Home:		N	Mobile No:				
Office :	E	-Mail:					
District .		D	vinco I				

(<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	<u>Qualification</u>	<u>ns</u> (<i>C</i>	opies of	certificates sh	ould be attac	hed)		
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6	Index No	:				Year :			
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	attached)	ducation (Deg	grees,	, Dipioma	as etc.)(<i>Copie</i> s	s or certificat	es sn	iouia be	2
	actaenca)								
7	Name of the	University/		Per	riod	Field of	Re	esults	Effective
	Degree/	Institution			_	Degree		dicate	Date
	Diploma			From	To (dd/mm/yyyy)			ass or rade)	
			(uu/ii	, , , , , , , , , , , , , , , , , , ,	(dd/iiiii/yyyy)			raue)	

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

8	Name of the Degree/	University/	Per	riod	Subject	Effective
	Postgraduate Diploma	Institution			Area/s	Date
			From	То		
			(dd/mm/yyyy)	(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/Workshops etc.	Institution	Period
	riogramme, workshops etc.		

 Employment Hist (a) Present Post: attached)	ory (<i>Copy of Service c</i> e	ertificate or Appoil	ntment Letter sho	ould be
Post	Institution	Per	iod	Describe the
		From (dd/mm/yyyy)	To (dd/mm/yyyy)	work done
(b) Previous Emp (<i>Copies of</i> Post	oloyment Service certificates Institution	s or Appointment L		attached) Total Service
(Copies of	Service certificates		iod To	
(Copies of	Service certificates	Per	iod To	
(Copies of	Institution	Per	iod To	

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:	