				Application N	0.	
Office Use Only				Call Up N	0.	
Qualified N	ot R	leason				
BAN	RPORT & AVIATI	[ERNAT]	IONAL AII	RPORT, KATUN	IAYAKE	
APPLICATION Title : Mr	Mrs Mrs	T OF CO	OMPANY	<u>SECRETARY</u>	(ON PART	TIME)
]						
Last Name:						
Initials with Last						
Name						
Full Name as in :						
NIC (In Block						
Letters)						
Other Names :						
<u></u>						
NIC No:			Date o	f Issue:		
Date Of Birth: Date	Month	Year	Age as	Date at 31/05/2022:	Month year	Year Month
Gender: Male	Female	Na	tionality:			
Marital Status :	Single	Married [Divo	rced Wido	ow	
Contact Details						
Permanent Address :						
City/Town:			Postal Cod	de:		
Telephone Numbers Home:			_ Mobile No	:		
Office :	e-	Mail:				
District :		P	rovince :			

4	Highest Educa	tion Qualificat	ion :				
							
,							
	<u>Academic</u> G C E (O/L	Qualification	n <u>s</u>				
5	Subject		Grade Inde		ex No	Y	ear
				1			
	G C E (A/L	.)			_		
6	Index No	:			Year වසර :		
	S	Subject	Grade	S	ubject	Gra	de ශු්ණිය
,	University E	ducation (Deg	rees, Diplomas	etc.) (Copies o	f certificates s	hould be a	ttached)
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/ Postgraduate Diploma	University/ Institution	Period		Subject Area/s	Effective Date
	r cotgradate Bipioma		From (dd/mm/yyyy)	To (dd/mm/yyyy)	,	
	Professional Qualific (Associate/Corporat					

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/Work shops ets.	Institution	Period
	Frogramme, work shops ets.		

(b) Previous Empl (Copies of S	-	or Appointment L Per From	To (dd/mm/yyyy) etters should be	Describe the work done attached) Total Service
Working Experience Please explain the key re	esponsibilities handled	under each position m	nentioned above in pa	rt (b) in brief

Extra Curricular Activities:

1		Category	Т	уре	Achievement	Date/Year	
	De	tails of two non rela	ited refere	es:			
	No.	Name & Position		Official Ac	ldress & Tele. Nos.	Residential Address & Tele.	Nos
ļ							
Ι	herel	by certify that the pa	rticulars sul	omitted by	me in this applica	tion are true and accurate	. I
						ate, I am liable to be disqu	
			dismissed	without an	compensation if	the inaccuracy is detected	d a
а	ppoin	tment.					

Signature of the applicant: Date: