		Application No.	
Office Use Only		Call Up No.	
Qualified Not	Reason		
	E INTERNATIONAL A	ANKA) (PRIVATE) LIMIT IRPORT, KATUNAYAKE FFIC SAFETY ELECTRO	
	RING OFFICER (ON		
] Title : Mr Mrs [	Miss		
Last Name:			
Initials with Last			
Full Name as in  :			
Other Names :			
NIC No:	Da	te of Issue: Date Mont	h Year
Date Of Birth : Date Month	Year Age	e as at 04/07/2022: year	Month
Gender: Male Fema	ale Nationality	y:	
Marital Status : Single	Married D	Divorced Widow	
Contact Details			
Permanent Address :			
City/Town:	Posta	l Code :	
Telephone Numbers Home:	Mobile	e No:	
Office :	e-Mail:		
District :	Province	2:	

4

### <u>Academic Qualifications</u> (*Copies of certificates should be attached*) G C E (O/L)

:

5	Subject	Grade	Index No	Year		

### GCE(A/L)

de

University Education (Degrees, Diplomas etc.)(Copies of certificates should be

### attached)

7	Name of the Degree/	University/ Institution	Per	iod	Field of Degree	Results (indicate	Effective Date
	Diploma	Institution	From	То	-	Class or	Dutt
			(dd/mm/yyyy)	(dd/mm/yyyy)		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	Per	iod	Subject Area/s	Effective Date
	5 1		From (dd/mm/yyyy)	To (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/Work shops etc.	Institution	Period

11	Special Achievements
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### **Employment History**

## (a) Present Post:(*Copy of Service certificate or Appointment Letter should be attached*)

12	Post	Institution	Period		Describe the work done
			From	То	work done
			(dd/mm/yyyy)	(dd/mm/yyyy)	

### (b) Previous Employment

### (Copies of Service certificates or Appointment Letters should be attached)

Post	Institution	Period		Total Service
		From (dd/mm/yyyy)	To (dd/mm/yyyy)	

13

#### Working Experience

Please explain the key responsibilities handled under each position mentioned above in part (b) in brief

### **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:	
5 11		