				Apı	plication No).	
	066 11 0-1-				Call Up No) .	
(Office Use Only						
_	Qualified	Not	Reason				
-	ATRPORT	& AVIATION S	FRVICES (S	RT LANKA)	(PRIVATF)	LIMITED	
		DARANAIKE INT					
	API	PLICATION FO	R THE POS	T OF STOR	RE KEEPER	<u>.</u>	
1	Title : Mr	Mrs	Miss				
	Last Name:						
	Initials with Last						
	Name						
	Full Name as in :						
	NIC (In Block Letters)						
	Other Names :						
2	NIC No:			Date of Iss	ue: Date	Month	Year
	Date Of Birth : Date	Month	Year	Age as at 0	5/12/2022: [year	Month
	Gender: Male	Female	Natio	onality:			
	Marital Status :	Single	Married	Divorced	Wido	w	
3	Contact Details						
	Permanent Address :						
	City/Town:			Postal Code :			
	Telephone Numbers Home:			Mobile No:			
	Office :		e-Mail:				

Province :

District:

4	Highest Educa	tion Qualificat	:ion : 				
	•						
	Academic G C E (O/L	Qualification	ns (Copies of	certificates sh	ould be attac	hed)	
5		-) ubject	Grade	Ind	ex No	Y	ear
	GCE(A/L	.)					
6	Index No	:			Year :		
	S	Subject	Grade	S	ubject		Grade
	University F	ducation (Doc	roos Diplomas	etc.) (Copies o	f cortificatos	should bo	
		ducation (Deg	grees, Dipiorilas	etc.)(Copies o	i certificates	siloulu be	
	attached)						
7	Name of the	University/	Per	riod	Field of	Results	Effective
					Dograa	(indicate	Date
	Degree/	Institution	From	To	Degree	(indicate	Date
			From (dd/mm/yyyy)	To (dd/mm/yyyy)	Degree	Class or Grade)	Date
	Degree/				Degree	Class or	Date
	Degree/				Degree	Class or	Date
	Degree/				Degree	Class or	Date
	Degree/				Degree	Class or	Date
	Degree/				Degree	Class or	Date

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

8	Name of the Degree/	University/	Period		Subject	Effective
	Postgraduate Diploma	Institution				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/Work shops etc.	Institution	Period
	Programme, work shops etc.		

Special Achieveme	ints			
Employment Hist	cory			
(a) Present Post: attached)	(Copy of Service co	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	oloyment Service certificates	s or Appointment L	etters should be	attached)
		Per	iod	
(Copies of	Service certificates		iod To	
(Copies of	Service certificates	Per	iod To	
(Copies of	Service certificates	Per	iod To	
(Copies of	Service certificates	Per	iod To	
(Copies of	Service certificates	Per	iod To	
(Copies of	Service certificates	Per	iod To	
(Copies of	Institution	Per	iod To	
(Copies of Post	Institution	From (dd/mm/yyyy)	To (dd/mm/yyyy)	Total Service
(Copies of Post	Institution	From (dd/mm/yyyy)	To (dd/mm/yyyy)	Total Service
(Copies of Post	Institution	From (dd/mm/yyyy)	To (dd/mm/yyyy)	Total Servic

Extra Curricular Activities:

14		Category	Т	уре	Achievement	Date/Year		
	De	tails of two non rela	ated refer	ees:				
15	No.	Name & Position		Official A	ddress & Tele. Nos.	Residential Address & Tele. Nos.		
ä	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							
		ed after appointment.			,			
	Sign	ature of the applicant:				Date:		