

Application No.

Call Up No.

Office Use Only

Qualified Not Reason

**AIRPORT & AVIATION SERVICES (SRI LANKA) (PRIVATE) LIMITED
BANDARANAIKE INTERNATIONAL AIRPORT, KATUNAYAKE**

**APPLICATION FOR THE POST OF ASSISTANT MANAGER OPERATION – JAFFNA
INTERNATIONAL AIRPORT**

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 Issue:
Date Month Year

Date Of Birth : Age as at 01/09/2023:
Date Month Year year Month

Gender: Male Female Nationality:

Marital Status : Single Married Divorced Widow

3 **Contact Details**

Permanent Address :

City/Town: Postal Code :

Telephone Numbers Home: Mobile No:

Office : E-Mail:

District : Province :

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

Academic Qualifications (Copies of certificates should be attached)

G C E (O/L)

4	Subject	Grade	Index No	Year

G C E (A/L)

5	Index No	:		Year	:	
	Subject	Grade	Subject	Grade		

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

6	Name of the Degree/ Diploma	University/ Institution	Period		Field of Degree	Results (indicate Class or Grade)	Effective Date
			From (dd/mm/yyyy)	To (dd/mm/yyyy)			

Language Proficiency:

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

7	Language	Understanding	Speaking	Writing
	English			
	Sinhala			
	Tamil			

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 (dd/mm/yyyy)	To (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

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Extra Curricular Activities:

14	Category	Type	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: