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Office Use Only										
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] Title : M	r M	rs Miss [
Last Name:										
Initials with Last Name										
Full Name as in : NIC (In Block Letters)										
Other Names :										
NIC No:	ate Mon	th Year		Date of I		Date] M M yea	1onth	Mor	Year
Gender: Ma	le 🔄 Fe	emale	National	ity:						
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Contact Details Permanent Address	:									
City/Town:			Post	al Code	9:					
Telephone Numbers Home:			Mot	oile No:						
Office :		E-Mail:								
District :			Provin	ce :						

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your Email address should be mentioned correctly and legibly)

4

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

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	(- / - /			
5	Subject	Grade	Index No	Year

GCE(A/L)

Index No :		Year :	
Subject	Grade	Subject	Grade
	Index No :	Index No :	Index No : Year :

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		From (dd/mm/yyyy)	To (dd/mm/yyyy)		Class or Grade)	
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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
			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/Workshops etc.	Institution	Period

11	Special Achievements
	·

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

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.

Cianatura of the englished	Data	
Signature of the applicant:	Date.	
	Date	