	1	Application No:	
Office Use Only		Call Up No.	
Office Use Only  OL Subjects	Eng	Maths	7
	- <u> </u>		
AL Subjects	Computer DL or Course	Duration	
Relevant Exp.		Qualified	Not
Reason			
	ION SERVICES (SRI LAN		
BANDARANAI	(E INTERNATIONAL AIRI	ORT, KATUNAYAKE	
APPLICATION FOR	THE POST OF MANAGI	EMENT ASSISTANT GR	H
Title : Mr Mrs	Miss		
Last Name:			
Initials with Last			
Name			
Full Name on its			
Full Name as in : NIC (In Block			
Letters)			
Other Names :			
NIC No:	Date o	of Issue:	
		Date Month	Year
Date Of Birth : Date Month	<u>     </u> Age as Year	at 08/04/2024:	Month
Gender: Male Fem	ale Nationality:		
Marital Status : Single	Married Divo	rced Widow	
3 Contact Details			
Permanent Address :			
City/Town:	Postal	Code :	
Telephone Numbers			
Home:	Mobile I	No:	
Office:	e-Mail:		
	ent will be made to you via you mentioned correctly and legib		Your e-mail
District:	Province :		

Academic Qualifications (Copies of certificates G C E (O/L)  Subject Grade	Index No	Year
G C E (O/L)		Year
G C E (O/L)		Year
	Index No	Year
G C E (A/L) (Copies of certificates should be attained index No :	<b>ached</b> ) Year :	
Subject Grade	Subject	Grade
Computer Driving License / Computer Course (Copattached)	pies of certificates shou	ld be
Computer Driving Institution License/ Computer	Period	Effective
Course	From To dd/mm/yyyy) (dd/mm/yyy	

8	Training Programmes/Workshops/Seminars/Conferences participated: (Copies of certificates should be attached)

Name of the Training Programme/Work shops etc.	Institution	Period

9	Special Achievements

## 10 Employment History

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

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

Extra	Curricular	<b>Activities</b>
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11

Category	Туре	Achievement	Date/Year

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:			Date:	
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