	Application No.
	Call Up No.
Office Use Only	
Qualified	
Unqualified/	
Doubtful	

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

APPLICATION FOR THE POST OF DEPUTY HEAD OF SRI LANKA AIRPORT & AVIATION ACADEMY (SLAAA)

	<u>s</u>	SRI LANKA AIRPORT & AVIATION ACADEMY (SLAAA)
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:	Date Month Year Age as at 06/01/2026:
	Gender:	Male Female Nationality:
	Marital Status	: Single Married Divorced Widow
3	Permanent Address	
	City/Town:	Postal Code :
	Telephone Numbe Home:	Mobile No:
	Office :	E-Mail:
	District :	Province :

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

4	Highest Educa	tion Qualificat	ion :				
5	Academic G C E (O/L		<u>ıs</u> (Copies of	certificates sh	ould be attacl	hed)	
		ubject	Grade	Inc	lex No	Y	ear
	G C E (A/L	`					
6	Index No	:			Year :		
	S	ubject	Grade	S	Subject	(Grade
7	University E attached)	ducation (Deg	grees, Diploma	as etc.)(<i>Copie</i> :	s of certificate	es should be	e
	Name of the Degree/	University/ Institution	Per	riod	Field of Degree	Results (indicate	Effective Date
	Diploma		From (dd/mm/yyyy)	To (dd/mm/yyyy)	_	Class or Grade)	

Degree/	Institution	renou		Degree	(indicate	Date
Diploma		From	То		Class or	
		(dd/mm/yyyy)	(dd/mm/yyyy)		Grade)	

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

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Name of the Degree/ Postgraduate Diploma	University/ Institution	Period		Subject Area/s	Effective 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*)

Institution	Name of the Examination/Membership	Membership Category	Effective Date

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

Programme/Workshops etc.	Institution	Period

Employment Hist	tory			
(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
 				
	ployment (<i>Copies of</i>	1		
(b) Previous Emp	oloyment (<i>Copies of</i>	Per	iod	ched) Total Service
		1	iod To	
		Per From	iod To	
Post Working Experience	Institution	From (dd/mm/yyyy)	To (dd/mm/yyyy)	Total Service
Post Working Experience	Institution	From (dd/mm/yyyy)	To (dd/mm/yyyy)	Total Service

Extra Curricular Activities:

Category	Туре	Achievement	Date/Year

15	Details	of two	non	related	referees:
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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:	