

Application No.

Call Up No.  1

**Office Use Only**

Degree

University

Copies

Effective Date

Local

Foreign

Age

Prof. Qualifications

Institute

Effective Date

Experience

Qualified

Not

Reason

**AIRPORT & AVIATION SERVICES (SRI LANKA) (PRIVATE) LIMITED  
BANDARANAIKE INTERNATIONAL AIRPORT, KATUNAYAKE  
APPLICATION FOR THE POST OF INTERNAL AUDIT EXAMINER GRADE II**

**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 19/01/2026:  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)**

4 **Highest Education Qualification** : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **Academic Qualifications**

**G C E (O/L)**

G C E (A/L)

6	Index No	:		Year	:	
	Subject		Grade	Subject		Grade

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

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

**Professional Qualifications (Examination/Memberships of Professional Bodies  
Associate/Corporate Membership etc.) (*Copies of certificates should be attached*)**

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

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)	

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**Working Experience**

Please explain the key responsibilities handled under each position mentioned above in part (b) in brief

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**Details of two non related referees:**

14	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: \_\_\_\_\_