		Application No.
		Call Up No.
Office Use O	nly	
Qualified		
Unqualified/		
Doubtful		

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

APPLICATION FOR THE POST OF HEAD OF MECHANICAL ENGINEERING

1	Title :	Mr Mrs Miss 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 04/07/2025:
	Gender:	Male Female Nationality:
	Marital Status	: Single Married Divorced Widow
3	Contact Details	
	Permanent Addres	SS:
	City/Town:	Postal Code :
	Telephone Numbe Home:	ers 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)

Highest Educa	tion Qualificat	tion :				
Academic G C E (O/L		ns (Copies of (certificates sho	ould be attac	ched)	
	ubject	Grade	Inde	ex No	Y	'ear
						
GCE(A/L Index No	.) :		,	Year :		
S	Subject	Grade	Sı	ubject		Grade
			 			
University E attached)	ducation (Deg	grees, Diploma	as etc.)(<i>Copies</i>	of certificat	es should be	9
Name of the Degree/	University/ Institution	Per	iod	Field of Degree	Results (indicate	Effectiv Date
				209.00	-	
Diploma		From (dd/mm/yyyy)	To (dd/mm/yyyy)		Class or Grade)	

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

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)

10

Name of the Training Programme/Workshops etc.	Institution	Period

Employment His (a) Present Post attached)	tory t:(<i>Copy of Service c</i> e	ertificate or Appoil	ntment Letter sho	ould be
Post	Institution	Per	riod	Describe the
		From (dd/mm/yyyy)	To (dd/mm/yyyy)	work done
	ployment (<i>Copies of</i>			
(b) Previous Em	Institution	Per		ched) Total Service
		Per	To	
		Per	To	
		Per	To	

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:	
organization of the approxime.	 	