

**APPLICATION FOR AIRMEN /AIRWOMEN IN THE  
.....TRADE OF THE SRI LANKA AIR FORCE**

01. Nationality: - .....  
(State whether citizen of Sri Lanka by descent or by registration and if latter, quote number and date of certificate)
02. Full Name (As per the National Identity Card): .....
03. National Identity Card Number: - .....
04. Permanent address .....  
.....
05. Postal address: - .....
06. Date of birth:- .....  
(Age as at 15 Dec. 2021) : Years:.....Months:.....Days:.....
07. Height: - .....cm (.....feet .....inches)
08. Nearest Police Station to permanent address: - .....
09. District:-.....
10. Electorate: -.....
11. GS Division: - .....
12. Telephone number: - .....
13. Married or Single:- .....
14. Gender : - .....
15. School Attended:-.....
16. Particulars of School qualifications obtained:-

*Name of School                      Type of examination                      Year and Index number of*

		<i>the examination</i>	<i>Subjects passed (including grading)</i>
	<u>Ordinary Level</u>		
	<u>Advanced Level</u>		
	<u>Other</u>		

17. Particulars of employment since leaving School: - (if applicable) :

<i>Name and address of employer</i>	<i>Nature of employment</i>	<i>Period of service</i>	
		<i>From</i>	<i>To</i>

18. Particulars of parents:-

<i>Full Name</i>	<i>Place of birth</i>	<i>Occupation</i>	<i>Present address</i>
Father			
Mother			

19. Any special qualification for the post : - .....
20. Details of current achievements in sports (Give details of teams and competitions participated with dates / years etc. and standards / levels achieved) : - .....
21. Other achievements of note at School or with outside organizations (Give details with dates / years etc.):.....
22. Any previous service in the Armed Force or Volunteer Force, Cadet Corps or Boy Scout Organization:-.....
23. Have you applied earlier to join the Sri Lanka Air Force or any of the Armed Services or Police, if so give details and the outcome of such applications:-.....
24. Have you being convicted or bound over by a civil or military court, if so give details:-.....
25. If earlier employed in a Government Department or in the Public Sector / Board / Corporation (including the Central Bank, National Bank, Universities, Joint Stock Companies controlled by the Government etc.) reasons for termination of employment:-.....
26. Particulars of testimonials:-

<i>Name</i>	<i>Designation</i>	<i>Postal Address</i>

27. Declaration to be signed by the applicant:-

I, declare on my honour that answers given to the above questions are true and correct to the best of my knowledge and belief. I have read and understood the procedure which will be adopted and the rules which will apply in respect of those candidates who are selected for Commission in the Sri Lanka Air Force published in the *Gazette* of the Republic of Sri Lanka.

.....  
Signature of Applicant.

Date.....

28. Declaration to be signed by the Parent or Guardian of the applicant:

- (a) I am the Parent / Guardian of.....who is an applicant for a Airmen/ Airwomen in the Sri Lanka Air Force and who has signed the declaration in cage 27 of the form of application above.
- (b) I hereby undertake to be responsible in the event above named applicant being selected for a course of training for the following.
- (1) To refund to the Republic of Sri Lanka in the event of the above named applicant voluntarily terminating his / her candidature during his / her period of training all expenses incurred up to that time by the Republic of Sri Lanka on account of such applicant.
- (2) To refund to the Republic of Sri Lanka in the event of the above named applicant reported on by the authorities as being unsuitable (For reasons of misconduct or due to causes within his / her own control) for the continuation of service all the expenses incurred on his / her account by the Republic of Sri Lanka.

.....  
Signature of Parent /Guardian.

Date.....  
Name.....  
(in block capitals)  
Address.....

.....  
Signature of First Witness.

Date.....  
Name.....  
(in block capitals)  
Address.....

.....  
Signature of Second Witness.

Date.....  
Name.....  
(in block capitals)  
Address.....

.....  
Signature of Applicant.