					Ap	plicatio	n No.			
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	Qualified N	lot	Reason							
		& AVIATION SE PARANAIKE INT								
	APPLICATION FO					-				
1	Title : Mr	Mrs	Miss							
	Last Name:									
	Initials with Last									
	Name									
	Full Name as in :									
	NIC (In Block Letters)									
	Other Names :									
2	NIC No:			Da	te of Iss		ate 1	Month		Year
	Date Of Birth : Date	Month	Year	Age	e as at 2	7/12/20			Mon	
	Gender: Male	Female	Na	ationalit	y:					
	Marital Status :	Single	Married		Divorced		Widow [
3	Contact Details									
	Permanent Address :									
	City/Town:			Posta	l Code :					
	Telephone Numbers Home:			Mobil	e No:					
	Office :	E	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 Educa	tion Qualificat	ion	:					
,									
	Academic	Qualification	ns (Ca	pies of	certificates sh	ould be attac	hed)		
	G C E (O/L	.) ubject		Grade	Ind	lex No		V	ear
5	31	ирјесс		Grade	IIIC	iex No		1 '	eai
		_							
	G C E (A/L Index No	.) :				Year :			
6		Subject		Grade		Subject		C	Grade
!									
		ducation (De	grees,	Diploma	as etc.)(<i>Copie</i> :	s of certificat	es sl	hould be	•
	attached)								
7	Name of the	University/		Per	riod	Field of	R	esults	Effective
	Degree/	Institution			Γ	Degree		dicate	Date
	Diploma			rom	To (dd/mm/yyyy)			ass or rade)	
			(uu/II	1111/yyyy <i>)</i>	(dd/IIIII/yyyy)		"	raue)	
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Postgraduate Qualifications (Postgraduate Diplomas, Master Degrees, Ph.D. etc.) (Copies of certificates should be attached)

	(Copies of Certificati	es snould be attac	ineu j				
8	Name of the Degree/	University/		Per	iod	Subject	Effective
	Postgraduate Diploma	Institution				Area/s	Date
			From		То		
			(dd/mm/)	уууу)	(dd/mm/yyyy)		
	Professional Qualific	cations (Examinat	ion/Memb	bersh	ips of Profess	ional Bodie	s
	(Associate/Corporate						
		I	1				
9	Institution	Name of th	_		embership	Effectiv	e Date
		Examination/Mem	nbership		Category		

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

10	Name of the Training Programme/Workshops etc.	Institution	Period
	Programme, workshops etc.		

Employment Hist	cory			
(a) Present Post: attached)	(Copy of Service c	ertificate or Appoii	ntment Letter sho	ould be
Post	Institution	Per	iod	Describe the
		From (dd/mm/yyyy)	To (dd/mm/yyyy)	work done
(h) Drovious Emr	_			
(b) Previous Emp	oloyment			
	oloyment Service certificates	s or Appointment L	etters should be	attached)
	-	s or Appointment L		attached) Total Service
(Copies of	Service certificates	Per From		
(Copies of	Service certificates	Per From	iod To	
(Copies of	Service certificates	Per From	iod To	
(Copies of	Service certificates	Per From	iod To	
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(Copies of	Service certificates	Per From	iod To	
(Copies of	Service certificates	Per From	iod To	
(Copies of	Service certificates	Per From	iod To	

Extra Curricular Activities:

1	_			
14	Category	Туре	Achievement	Date/Year
	<u> </u>		<u> </u>	<u> </u>
	Details of two non relat	ed referees:		
15	No. Name & Position	Officia	l Address & Tele. Nos.	Residential Address & Tele. Nos

15	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:	
orginatare or the applicant	 Date.	