

Application No.

Call Up No.

Office Use Only

Age Qualification Effective Date

Institute Post Qualifying experience Y M

Qualified Not Reason

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

APPLICATION FOR THE POST OF TECHNICAL OFFICER (QUANTITY SURVEYING)

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 : Age as at 04/03/2025:
Date Month Year 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)

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

8	Name of the Degree/ Postgraduate Diploma	University/ Institution	Period		Subject Area/s	Effective Date
			From (dd/mm/yyyy)	To (dd/mm/yyyy)		

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

9	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/Work shops ets.	Institution	Period

LANGUAGE PROFICIENCY:

(Please use words like Poor, Satisfactory, Good, Excellent to fill the table)

11	Language	Understanding	Speaking	Writing
	English			
	Sinhala			
	Tamil			

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 (Copy of Service Certificate or Appointment Letter should be attached)

Post	Institution	Period		Total Service
		From (dd/mm/yyyy)	To (dd/mm/yyyy)	

13 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: