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

APPLICATION FOR TRAINEE AIRPORT SERVICES ASSISTANT

1	Title :Mr		Mrs		Miss			Othe	er									
	Last Name:																	
	Initials with Last Name																	
	Full Name as in NIC	:																
	Other Names	: :																
2	NIC No:						Da	te of	Issı	ıe:	Da	te	M	onth]		Year	
	Date Of Birth:	Date	Month] [Yea	ar	Age	e as a	at 29	9/03	/201	8: [year		İ	Mon	th	
	Gender: M	lale	Fen	nale		Nat	ionalit	y: [
	Marital Status	: Si	ngle 🗌		Ma	rried		Divor	ced		V	Vido	w [
	Height: Fo	eet	Inc	hes														
3	Contact Details Permanent Address	S: _	 				. .			 		- — —	— — — — — —			- — - - — -		
	City/Town: _	- 					_Posta	l Cod	de :									
	Telephone No:		. _				Mobil	e No	:			. — — .		- — — -		- — — -		
	e-Mail:						Provi	nce :							. — — .			
	District :					Po	olling [Divisi	on:						. — — -		. — —	
4	Highest Educatio	n Quali	fication	1	: _													
					_	. – – –												
-					_													

Academic Qualifications

	G C E (O/L)						
5	Subject	Grade	Index No		Year		
	GCE(A/L) Index No	:		Year	: Г		
6	Subject	<u>' </u>	Grade	Subject	•	Grade	
			Cruuc			- Grade	
	Professional Qualifica	<u>ations</u>					
7	University/Institute		Name of Course	Level of Qualifications	Duration Clo	/Commencing & osing Date	
7					Duration Clo	/Commencing & osing Date	
7					Duration Clo	/Commencing & osing Date	
7					Duration Clo	J/Commencing & osing Date	
7					Duration Clo	J/Commencing & osing Date	
7					Duration Clo	J/Commencing & osing Date	
7					Duration Clo	J/Commencing & osing Date	
7					Duration	/Commencing & osing Date	
7	University/Institute				Duration	J/Commencing & osing Date	
7					Duration	J/Commencing & osing Date	
	University/Institute				Duration	/Commencing & osing Date	
7	University/Institute Extra Curricular Activ		Name of Course	Qualifications	Duration		
	Extra Curricular Activ		Name of Course	Qualifications	Duration Clo	Date/Year	
	Extra Curricular Active Category (eg: Sports, Music, Dancing, etc)	rities:	Name of Course	Achievement		Date/Year	
	Extra Curricular Active Category (eg: Sports, Music, Dancing, etc)	rities:	Name of Course	Achievement		Date/Year	

Working Experience

9	Designation		Institute & Address	From /To
D	Petails of two non related	refere	ees:	
No.	Name & Position		Official Address And Telephone Nos.	Residential Address & Tel. Nos.
I do mv	hereby certify that the above knowledge.	ve parti	iculars given by me are true a	and correct to the best of
,				
Sig	nature of the applicant:			_ Date: