	Office Use Only	Call Up No.
	Age Qualification	Effective Date
	Institute	Post Qualifying experience Y M
	Qualified Not Reason	
		ES (SRI LANKA) (PRIVATE) LIMITED TIONAL AIRPORT, KATUNAYAKE
	APPLICATION FOR THE POST OF	F TECHNICAL OFFICER (PROPERTIES)
1	Title : Mr Mrs Miss	
	Last Name:	
	Initials with Last Name	
	Full Name as in : Single State	
	Other Names :	
2	NIC No:	Date of Issue: Date Month Year
	Date Of Birth : Date Month Year	Age as at 05/08/2024: year Month
	Gender: Male Female I	Nationality:
	Marital Status : Single Married	Divorced Widow
3	Contact Details	
	Permanent Address :	
	City/Town:	Postal Code :
	Telephone Numbers Home:	
	District :	Province :

Application No.

(Important - Further correspondent will be made to you via your Email address. Therefore, your Email address should be mentioned correctly and legibly)

**Highest Education Qualification** 

<u>'</u>	ACADEMIC (	QUALIFICATION	<u>ONS</u>						
	G C E (O/L								
5	Sı	ubject	G	irade		Ind	lex No	,	/ear
		`	<u> </u>						
	G C E (A/L						V		
6	Index No	: Subject		Gra	ade		Year : Subject		Grade
									- Crauc
,									
		Y EDUCATION							
	(Degrees, D	iplomas etc.)	(Copies (	of cer	tificate	es shoul	d be attached	<b>(</b> )	
7	Name of the Degree/	University/ Institution	Fror		iod	То	Field of Degree	Results (indicate	Effective Date
	Diploma	mstitution	(dd/mm,				Degree	Class or	Date
								Grade)	

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

8	Name of the Degree/	University/	Per	riod	Subject	Effective
	Postgraduate Diploma	Institution	From	То	Area/s	Date
			(dd/mm/yyyy)	(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**

2	Post	Institution	Per	riod	Describe th
			From (dd/mm/yyyy)	To (dd/mm/yyyy)	Work Done
	(b) Previous Empl	Institution	ce Certificate or Appointm	ent Letter should be ·iod	attached) Total Service
		Institution	From	To (dd/mm/yyyy)	Total Scivic
	Details of two nor	ı related referees:			
7	Details of two nor		cial Address & Tele. Nos.	Residential Ac	
7			cial Address & Tele. Nos.		
7			cial Address & Tele. Nos.		
7			cial Address & Tele. Nos.		
7			cial Address & Tele. Nos.		