			Application No.
	Office Use Only		Call Up No.
	Qualified No.	ot Reason	
			S (SRI LANKA) (PRIVATE) LIMITED IONAL AIRPORT, KATUNAYAKE
	APPLICATION FOR 1	THE POST OF ASSIST	TANT MANAGER – HUMAN RESOURCES
-	Title : Mr	Mrs Miss	
	Last Name:		
	Initials with Last Name		
	Full Name as in : NIC (In Block Letters)		
	Other Names :		
<u></u>	NIC No:		Date of Issue: Date Month Year
	Date Of Birth : Date	Month Year	Age as at 18/03/2024: year Month
	Gender: Male	Female N	Nationality:
	Marital Status :	Single Married	Divorced Widow
3	Contact Details		
	Permanent Address :		
	City/Town:		Postal Code :
	Telephone Numbers Home:		Mobile No:
	Office :	E-Mail:	

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

Province:

District:

4	Highest Education Qualification :								
	Academic	Oualification	ns (C	onios of	certificates sh	ould be attac	shad)		
	G C E (O/L	.)	<u>115</u> (C				iieu)		
5	Si	ubject		Grade	Inc	lex No		Y	ear
	G C E (A/L	`	•				•		
6	Index No	·) :				Year :			
	S	Subject		Grade	9	Subject		G	Grade
	University E attached)	ducation (Deg	grees,	Diploma	as etc.)( <i>Copie</i> :	s of certificat	es sl	hould be	e
	<del></del>	l lais sa saite s	1	Dav	.: _ J	F: ald a6			Γ <b>66t</b> i
7	Name of the Degree/	University/ Institution			riod	Field of Degree	(ir	esults idicate	Effective Date
	Diploma			rom nm/yyyy)	To (dd/mm/yyyy)			ass or rade)	

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

8	Name of the Degree/ Postgraduate Diploma	Name of the Degree/ University/ Period ostgraduate Diploma Institution		Subject Area/s	Effective Date	
	,	·	From	То	, -	
			(dd/mm/yyyy)	(dd/mm/yyyy)		
	Drofessianal Ovalific	/=	/54			

## 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/Workshops etc.	Institution	Period
	Programme, workshops etc.		

(	imployment Hist  a) Present Post:	ory ( <i>Copy of Service c</i> o	ertificate or Appoil	ntment Letter sho	ould be
Τ	Post	Institution	Per	iod	Describe the
			From (dd/mm/yyyy)	To (dd/mm/yyyy)	work done
(	b) Previous Emp	oloyment Service certificates	s or Appointment L	etters should be	attached)
(		-	Per From (dd/mm/yyyy)	iod To	
(	(Copies of	Service certificates	Per	iod To	
(	(Copies of	Service certificates	Per	iod To	attached) Total Service
(	(Copies of	Service certificates	Per	iod To	

## **Extra Curricular Activities:**

14		Category	T T	ype	Achievement	Date/Year
	De	tails of two non relat	ted refere	ees:		
15	No.	Name & Position		Official A	ddress & 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:	
J 1 1		