

Application No.

Call Up No.

Office Use Only

Qualified Not Reason

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

APPLICATION FOR THE POST OF HEAD OF FINANCE

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 17/09/2020:
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 :

11 Special Achievements

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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) | |
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(b) Previous Employment

(Copies of Service certificates or Appointment Letters should be attached)

| Post | Institution | Period | | Total Service |
|------|-------------|----------------------|--------------------|---------------|
| | | From (dd/mm/yyyy) | To (dd/mm/yyyy) | |
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13 Working Experience
Please explain the key responsibilities handled under each position mentioned above in part (b) in brief

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Extra Curricular Activities:

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|----|----------|------|-------------|-----------|
| 14 | Category | Type | Achievement | Date/Year |
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Details of two non related referees:

| | | | | |
|----|-----|-----------------|-------------------------------|----------------------------------|
| 15 | No. | Name & Position | Official Address & Tele. Nos. | Residential Address & Tele. Nos. |
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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: