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| | | RPORT & AVIAT IDARANAIKE IN | | | | | | | | | |
| ; | APPLICATION FOR T | HE POST OF | | | | | | | | | |
| 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 Iss | | Date | Month | | Year | |
| | Date Of Birth : Date | Month | Year | Age a | as at 1 | 7/12/20 | | year | Moi | nth | |
| | Gender: Male | Female | Nat | ionality: | | | | |] | | |
| | Marital Status : | Single | Married | Div | vorced | | Widow | | | | |
| 3 | Contact Details | | | | | | | | | | |
| | Permanent Address : | | | | | | | | | | |
| | City/Town: | | | Postal (| Code : | | | | | | |
| | Telephone Numbers Home: | | | Mobile | No: | | | | | | |
| | Office : | e- | -Mail: | | | | | | | | |
| | District : | | Pr | ovince : | | | | | | | |

| 4 | Highest Educa | tion Qualificat | tion : | | | | |
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| | Academic G C E (O/L | Qualificatio | ns_ | | | | |
| 5 | Si | -) ubject | Grade | Ind | lex No | , | Year |
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| 6 | Index No | : | | | Year වසර : | | |
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| | University E | ducation (Deg | grees, Diplomas | etc.)(<i>Copies o</i> | f certificates | should be | attached) |
| 7 | Name of the | University/ | Per | riod | Field of | Results | Effective |
| | Degree/ Diploma | Institution | From | То | Degree | (indicate Class or | Date |
| | F | | | (dd/mm/yyyy) | | Grade) | |
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Postgraduate Qualifications (Postgraduate Diplomas, Master Degrees, Ph.D. etc.) (Copies of certificates should be attached)

| 8 | Name of the Degree/ University, Postgraduate Diploma Institution | | Per | riod | Subject Area/s | Effective Date |
|---|--|----------|--------------|--------------|-------------------|-------------------|
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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 |
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Training Programmes/Workshops/Seminars/Conferences participated: (Copies of certificates should be attached)

| 10 | Name of the Training Programme/Work shops ets. | Institution | Period |
|----|---|-------------|--------|
| | Programme, work shops ets. | | |
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| I | Employment Hist | tory | | | |
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| <u> </u> | (a) Present Post: Post | Institution | ertificate or Appoir Per | T- | Describe the |
| | | | From (dd/mm/yyyy) | To (dd/mm/yyyy) | work done |
| | | | | | |
| | (b) Previous Emp (<i>Copies of</i> Post | oloyment Service certificates Institution | or Appointment L Per From (dd/mm/yyyy) | iod To | |
| | (Copies of | Service certificates | Per From | iod To | attached) Total Service |
| | (Copies of | Service certificates | Per From | iod To | |

Extra Curricular Activities:

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Signature of the applicant: _____ Date: ____