

Application No.

Call Up No.

Office Use Only

Qualified	<input type="checkbox"/>	<input type="text"/>
Unqualified/ Doubtful	<input type="checkbox"/>	<input type="text"/>

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

**APPLICATION FOR THE POST OF DEPUTY HEAD OF SECURITY SERVICES**

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 24/07/2024:    
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 : .....

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





**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)	

**(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)	

**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:**

14	Category	Type	Achievement	Date/Year

**Details of two non related referees:**

15	No.	Name & Position	Official Address & 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:**