Office Use Only					Call	Up No					
	:(O/L): Pass	sed 💮	Not	Englis	sh : A	В	c		s	w	
Maths : A B C	c s			Science	: A 🖂	В	c	S	v	,	
GCE(A/L) : Passed		Height		eight		alified		No	·		I
No Credit for English		dit for N			t passed		ce [
Less than required hei		ess than						of ce	rtifica	ites	
Other Other		.33 than	require	u Weigi			рісэ	0. 00			
Other											
BA	ORT & AVIAT Andaranaik Applicati	E INTERI	NATIONA	L AIRPO	DRT, KA	TUNAY	AKE	D			
1 Title : Mr (Only	male candi	dates aı	re eligil	ole to a	pply)						
Last Name:											
Initials with Last											
Name											
Full Name as in :											
NIC											
(Cc	opy of Birth	certific	ate sho	uld be	attache	ed)					
2 NIC No:				Date o	of Issue:						
Date Of Birth : Date	Month	Yea	ır	Age as	at 14/1	Date 1/2025		Month ar	Mo	Year onth]
Gender: Male			Natio	nality: [
Marital Status :	Single] м	arried	Div	vorced [v	Vidow		7		
Height: Inches		Weigh]	<u> </u>			_		
3 Contact Details											
Permanent Address :											
City/Town:				Postal C	Code :						
Telephone No:				Mobile	e No:						
e-Mail: Note : Please include a val i	id e-mail addr	ess with	correct si	Provi	ince :						
District :				ing Divis							

	Highest Education Qualification	ation	:				
5	Academic Qualification certificates) must be attended to the control of the contr			rtificat	es (Including rep	eat ex	amination
	Subject		Grade		Index No		Year
6	G C E (A/L) (Copies of c	ertifica	ates must	be atta	iched)		
	Index No :		Cuada	1	Year	:	Grade
	Subject		Grade		Subject		
				<u> </u>			Grade
							Grade
							Grade
7	Professional Qualification		ertificate co	ppies of	the relevant cert	ificates	
7	Professional Qualification Degrees etc; must be atta	ached)					s / diplomas /
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7	Degrees etc; must be atta	ached)			Level of	Durat	s / diplomas /
7	Degrees etc; must be atta	ached)			Level of	Durat	s / diplomas /

	Category	Туре	Achie	evement	Date/Yea
Eg:	Sports	Cricket	School Team		1995
<u>W</u>	orking Experience (S	ervice Certificate	s must be attached	1	
	Designation / Post	Er	nployer Name	Emplo	yed Period
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	etails of two non rela		fficial Addross And	Posidontial A	ddross & Tol
De No.	Ptails of two non rela		fficial Address And Telephone Nos.		ddress & Tel.
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Note : Applications that are forwarded without copies of the Birth Certificate and OL / AL Certificates, or that do not indicate the relevant height and weight, will be disqualified. Please provide your correct email address for future communication.

Date:

Signature of the applicant: