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	Diploma Cer	rtificate Course	NVQ 4 Exp	perience	]				
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			ERNATIONAL AIRPO N FOR POST OF GRA						
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2	NIC No:		Date of Is	ssue: Date	Month Year				
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	Gender: Male Nationality:								
	Marital Status : Single Married Divorced Widow								
3	Contact Details								
	Permanent Address :								
	City/Town: Postal Code :								
	Telephone No: Mobile No:								
	e-Mail: Province :								
	District : Polling Division :  (Important - Further correspondent will be made to you via your Email address. Therefore, you								
	email address sho	uld be mentioned co		. y					
4	Academic Qualificated G C E (O/L) (Copie	ations : es of Certificate Should be	attached)						
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Technical Qualifications: Diploma/Certificate Course /NVQ 4 (Copies of Certificate should be attached /කතික වල ජාගා පිටපත් අමුණන්න)  Institute Name of Course Period From To (Date should be mentioned)  a) Employment History Present Employment: (Copies of Service Certificates or the letter of appointment from the present Institution of employment including the ful Should be attached. In completed certificates will not be accepted. දැනට සෙවන කරන ආශකනයේ සෙවා සහසිකයක් හෝ පත්වීමේ ලියි. පිටපතක් සම්පූර්ණ දිනය සහිතට ඇමණිය යුතුයි. අසම්පූර්ණ සහසික පත් හා ගනු නොලැබේ.)  From /To (Full Date should be mentioned)  b) Previous Employment (Copies of Service Certificates with the full date Should be attached (සෙවා සහසික වල සම්පූර්ණ දින සහිත පිටපත් ඇමණිය යුතුයි. අසම්පූර්ණ සහසික පත් හා ගනු නොලැබේ.)	0.11		Year :			
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