		Application No.	
		Call Up No.	
Office Use Only			
Degree	University		Copies
Effective Date	Local F	oreign	Age
Prof. Institute Qualifications		Effective Date	e
Experience			
Qualified Not	Reason		
BANDARANA	ATION SERVICES (SRI LA AIKE INTERNATIONAL AI	RPORT, KATUNAYA	AKE
	R THE POST OF ACCOU	NTS ASSISTANT	GRADE II
1 Title : Mr M	rs Miss		
Last Name:			
Initials with Last Name			
Full Name as in :			
NIC (In Block Letters)			
Letters)			
Other Names :			
2 NIC No:	Date:	e of Issue:	
2		Date	Month Year
Date Of Birth: Date Mor		as at 04/03/2025:	ear Month
	<u></u>		
Gender: Male F	emale Nationality:		
Marital Status : Single	Married Di	vorced Widow	
3 Contact Details			
Permanent Address :			
City/Town:	Postal (ode :	
	Postal (
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)

4	Hignest Educa	tion Qualificat	:ion : 					
	Academic	Qualification	ns					
	GCE(O/L	.)	 -					
5		ubject	Grade	Inc	dex No		Y	ear
6	GCE(A/L Index No	.) :			Year :			
0		Subject	Grade		Subject	1		Grade
			Grade					31446
			•	-		•		
	University E	ducation (Deg	rees, Diplomas	etc.)(<i>Copies d</i>	of certificates	shou	ıld be a	ttached)
	Name of the	Linis (orgits //	Dou	riod	Field of	D	esults	Effective
7	Degree/	University/ Institution	Pei	iou	Degree		dicate	Date
	Diploma		From	То			ass or	
			(dd/mm/yyyy)	(dd/mm/yyyy)		G	rade)	

Postgraduate Qualifications (Postgraduate Diplomas, Master Degrees, Ph.D. etc.) (Copies of certificates should be attached)

Effective Date	Subject Area/s	riod	•		Name of the Degree/ Postgraduate Diploma	8
	, ii Gu, G	To (dd/mm/yyyy)	From (dd/mm/yyyy)	11.50.00.01	Toolgradate Diploma	
	Bodies	of Professional	on/Memhershins	ations (Eyaminat	Professional Qualifica	

9	Institution	Name of the Examination/Membership	Membership Category	Effective Date

Training Programmes/Workshops/Seminars/Conferences participated: (Copies of certificates should be attached)

10	Name of the Training Programme/Work shops ets.	Institution	Period
	Frogramme, work shops ets.		

Employment Hist	_			
(a) Present Post:	Institution	ertificate or Appoin	T-	Describe th
		From (dd/mm/yyyy)	To (dd/mm/yyyy)	work done
(b) Previous Emp	e certificates or App	Per	iod	
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(Copies of Service	e certificates or Ap	Per From	iod To	
(Copies of Service	Institution	Per From	iod To	

Details of two non related referees:

14	No.	Name & Position	Official Address & Tele. Nos.	Residential Address & Tele. Nos.
I	herel	by certify that the particulars su	bmitted by me in this application	on are true and accurate. I am
ā	ware	that if any of these particulars a	re found to be false or inaccura	te, I am liable to be disqualified
t	efore	selection and to be dismissed	without any compensation if the	ne inaccuracy is detected after
ā	ppoin	tment.		
	Siana	ature of the applicant:		Date: