

Application No.

Call Up No.

**Office Use Only**

Previous Service Period

Ratings possessed  Last position held at AASL

Age

Qualified  Not  Reason

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

**APPLICATION FOR THE POST OF ATS INSTRUCTOR**

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 18.05.2026 :    
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 : .....

4	<b>Highest Education Qualification</b> :	.....
		.....
		.....

### **Academic Qualifications**

**G C E (O/L)** *(copy of the certificate should be attached)*

5	Subject	Grade	Index No	Year

**G C E (A/L)** *(copy of the certificate should be attached)*

6	Index No	:		Year	:	
	Subject	Grade	Subject	Grade		

**University Education** (Degrees, Diplomas etc.) *(Copies of certificates should be attached)*

7	Name of the Degree/ Diploma	University/ Institution	Period		Field of Degree	Results (indicate Class or Grade)	Effective Date
From (dd/mm/yyyy)			To (dd/mm/yyyy)				

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

8	Name of the Training Programme/Work shops ets.	Institution	Period

**9 Employment History (AASL)**

EPF No. :

Type of Cessation of Employment:

Post	Period	
	From (dd/mm/yyyy)	To (dd/mm/yyyy)

**10 Details of ATC Licence and Ratings issued by CAASL**

ATC Licence No.

Whether the ATC Licence is active :

Ratings possessed at the time of cessation of employment at AASL

Sr.No.	Name of the Rating

**Employment History (Other Institutions)***(Copies of Service certificates or Appointment Letter should be attached)*

11	Post	Institution	Period		Describe the work done
			From (dd/mm/yyyy)	To (dd/mm/yyyy)	

12	<b>Special Achievements</b>
.....	
.....	
.....	
.....	
.....	

**Details of two non related referees:**

13	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: .....