

Indicate with a $\checkmark$ ' the relevant category applicable:	
Degree	
Professional Qualification	
Advance Level with sports achievement at National level	

A	PPLICATIO	N FORM FOR TH	E POSIT	TION OF MA	ANAGEME	NT TRAI	INEE		
Full Name									
Surname				Preferred Name					
Date of Birth	Year Month Date			Age	Age Citizenship				
NIC Number				l l	Gender	Male		Female	
Passport Number				Marital S	Marital Status				
Address									
Contact Numbers				e-mail add	dress				
EDUCATIONAL QUA	ALIFICATIO	NS							
G.C.E O/L	Year		Nam	e of School					
Subjec		Grade Obtained			Subject			Grade Obtained	
1.			6.						
2.			7.						
3.			8.						
4.			9.						
5.			10.						
G.C.E A/L	Year		Nam	e of School					
1.	1 5 5 1		3.						
2.			4.						
DEGREE/ PROFESS									
University/ Institute				Qualifi	cation		Year	Grade Obtained	
1.									
2.								1	
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5. 6.									
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PROFESSIONAL MEMBERSHIPS											
PROFESSIO	NAL MEN	1BERSHII	PS								
1.											
2.											
3.											
4.											
EXTRA-CUR	RICULAR	R ACTIVIT	TIES (Outstanding School	ol Ca	areer & Ach	ievem	ent of Sports at National	Level)			
1.											
2.											
3.											
4.											
EMPLOYMENT DETAILS (If any)											
From	То		Name of the Company	any Position			Duties/Responsibilities				
NON-RELAT	ED REFE	REES									
		REFERE	: 1				REFEREE 2				
		IXLI LIXLI		REFEREE 2							
								_			
Telephone No				Telephone No							
e-mail				<b>e</b> -	mail						
HAVE YOU	BEEN EMI	PLOYED E	BY SRILANKAN AIRLINE	S PF	REVIOUSLY	? Y	es/No				
If yes, pleas	se give pa	articulars									
From	- To	Dooit:	<u> </u>		taff No	Dans	rtmont				
From	То	Positio	)II	5	tali NO	⊳epa	rtment				
				+		+					
Reason for	leaving										
Have you be	een inter	viewed b	y SriLankan Airlines prev	viou	sly?						
If Yes, Posi	tion/ Wh	en?									
I declare that the above information furnished by me is true and correct to the best of my knowledge. In the event the information is found to be incorrect, I understand that I will be disqualified from the selection process.											
Signature: Date:											