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| --- |
| **Application No.** |
| **Call Up No.** |

***Office Use Only***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Qualified** |  | **Not** |  | **Reason** |

**Ministry of Ports, Shipping and Aviation**

**APPLICATION FOR THE POST OF AIRCRAFT ACCIDENT INVESTIGATORS**

Title : Mr

1

Mrs

Miss

Last Name:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Initials with Last Name

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Full Name as in :

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NIC (In Block Letters)

Other Names :

NIC No:

2

Date of Issue:

Date

Month

Year

Date Of Birth :

|  |  |  |  |  |  |  |  |  |  |  |  |
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Date

Month

Year

Age as at 05/12/2022:

year

Month

Gender: Male

Female

Nationality:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Marital Status | : | Single |  | Married |  | Divorced |  | Widow |

## Contact Details

3

Permanent Address :

City/Town: Postal Code :

Telephone Numbers

Home: Mobile No:

Office : e-Mail:

District : Province :

|  |  |  |
| --- | --- | --- |
| 4 | **Highest Education Qualification** | : |

**Academic Qualifications (Certified *Copies of certificates should be attached*)**

# G C E (O/L)

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| --- | --- | --- | --- | --- |
| 5 | Subject | Grade | Index No | Year |
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**G C E (A/L)**

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| 6 | Index No | : |  | Year | : |  |
|  | Subject | Grade | Subject | Grade |
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**University Education** (Degrees, Diplomas, Certificates etc.)**(Certified *Copies of certificates should be attached*)**

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| --- | --- | --- | --- | --- | --- | --- |
| 7 | Name of the Degree/ Diploma/Certificate | University/ Institution | Period | Field of Degree | Results (indicate Class or Grade) | Effective Date |
|  |
| From (dd/mm/yyyy) | To (dd/mm/yyyy) |
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**Postgraduate Qualifications (Postgraduate Diplomas, Master Degrees, Ph.D. etc.) (Certified *Copies of certificates should be attached*)**

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| --- | --- | --- | --- | --- | --- |
| 8 | Name of the Degree/ Postgraduate Diploma | University/ Institution | Period | Subject Area/s | Effective Date |
| From(dd/mm/yyyy) | To(dd/mm/yyyy) |
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**Professional Qualifications (Examination/Memberships of Professional Bodies (Associate/Corporate Membership etc.**) **(Certified *Copies of certificates should be attached*)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 9 | Institution | Name of the Examination/Membership | Membership Category | Effective Date |
|  |  |  |  |
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**Training Programmes/Workshops/Seminars/Conferences participated**: **(Certified *Copies of certificates should be attached*)**

|  |  |  |  |
| --- | --- | --- | --- |
| 10 | Name of the Training Programme/Work shops etc. | Institution | Period |
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## Special Achievements /Awards/ Appreciations/ Complaints received

11

**Employment History**

1. **Present Post:( Certified *Copy of Service certificate or Appointment Letter should be attached*)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 12 | **Post** | **Institution** | **Period** | **Describe the work done** |
|  | **From****(dd/mm/yyyy)** | **To****(dd/mm/yyyy)** |
|  |  |  |  |  |
|  |  |  |  |  |

## Previous Employment

**(Certified *Copies of Service certificates or Appointment Letters should be attached*)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Post** | **Institution** | **Period** | **Total Service** |
| **From****(dd/mm/yyyy)** | **To****(dd/mm/yyyy)** |
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**Working Experience**

Please explain the key responsibilities handled under each position mentioned above in part (b) in brief

13

# Extra Curricular Activities:

# In School/ University / Social

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 14 | Category | Type | Achievement | Date/Year |
|  |  |  |  |  |
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## Details of two non related referees:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 15 | 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: |