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**SriLankan Aviation College**

 **Airline Centre, BIA, Katunayake.**

  **Tel:** + 94 19733 4000 / +9471 021 4000 **Fax:** +94 19733 5250

 **Email:** training@srilankan.com

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| Ref. No :  |

  **Web:** [www.srilankanaviationcollege.com](http://www.srilankanaviationcollege.com)

Student Application Form

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| Name of the Course Applying for :  |
|  PART A : PERSONAL DETAILS Title : Mr MS Mrs Dr Prof Gender : Male Female  Full Name : ( as per NIC / Passport )

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| Name with initials :  |

NIC NO : Passport No : Nationality :

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  Date of Birth : Marital Status   D D M M Y Y Y Y Correspondence Address :  Telephone : E- mail :  Res: Mob:   From where did you hear about Aviation College or this course?* Facebook aaaaaasss

 * Instagram

 * Paper Advertisement

 * Website

 * Other ( Please specify )

 PART B : ACADEMIC QUALIFICATIONS G.C.E O/L : Local London Other : Index number Year : Medium :  Subject : Results : Subject : Results :  English   If 2nd Attempt Please specify subjects below with grading G.C.E A/Level Local London Other :  Index number Year : Medium :    Subject : Result : Subject : Result :    |
| Part C : HIGHER EDUCATION

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| Name of college / University attended  |  Course  Completed  |  Grades  |  Date of Study  |
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| Part D : EMPLOYMENT HISTORY

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| No.  |  Name and Address of the employer  | Your position  |  Dates  |
|  From  |  To  |
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| Part F : DECLARATION I confirm that the information given on this form is true, complete and accurate and no information requested or other material information has been omitted. I understand that this application or any subsequent training place offered may be withdrawn by IAA if in the future the information provided proves to be inaccurate, either intentionally or unintentionally.  Signature Date  |