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Trilingual Learning Centre
Ministry of Education, Northern Province



Application for Trilingual Courses

Applying Course

Tamil

Sinhala

English

01) Full Name :

02) Name with Initials :

03) Date of Birth :

04) Permanent Address :

.....

05) Postal Address :

.....

06) N.I.C No :

07) Sex : Male / Female

08) Civil Status :

09) Contact No :

10) Occupation :

11) Official Address :

.....

12) Educational Qualifications:

- a. G.C.E (O/L)
- b. G.C.E (A/L)
- c. Degree
- d. Other

13) Preference Time for the Course :-

- ❖ Week day morning
- ❖ Week day Evening
- ❖ Week end morning
- ❖ Week end Evening

(Preferential order Put 1,2,3,4 in the cages)

I declare that the above details given by me are true and correct, and I assure that I will abide by all the rules and regulations of the institution.

.....
Date

.....
Signature of Applicant

Recommendation:

I recommend Rev/Mr/Mrs/Ms to follow the Study Course held at Trilingual Learning Centre in 2016.

(Applications of Government Servants and Tertiary Education Students should be recommended by Head of the department ,and Others by Grama Niladhari / School Principal)

.....
Date

Signature :.....

Name :.....

Designation :

Official stamp :