



APPLICATION FOR TRAINING ON TRANSLATION

For office use only	
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Please tick the course you wish to follow

Sinhala/Tamil Sinhala/English Tamil/English

1. Name – Mr/Miss/Mrs*:
(IN BLOCK LETTERS)
.....

2. Address – a) Office :
(IN BLOCK LETTERS)
.....
b) Private :
.....
.....

3. Tel No : a) Official b) Mobile
Email address :

4. Date of Birth : NIC No:

5. Designation :

6. Institute :

7. Date of First Appointment:

8. a) Educational Qualifications in First Language :
Sinhala* Tamil* English*
GCE O/L Grade
GCE A/L Grade
Degree or Other

b) Educational Qualifications in Second Language:
Sinhala* Tamil* English*
GCE O/L Grade
GCE A/L Grade
Degree or Other

P.T.O

9. a) Competency of the Second Language (Self assessment) Sinhala/Tamil *
Please √ the relevant cage

	Excellent	Good	Fair
Speaking			
Reading			
Writing			

- b) Competency of the link language (English)*
Please √ the relevant cage

	Excellent	Good	Fair
Speaking			
Reading			
Writing			

10. Experience in Translation (If any)
a) Sinhala-Tamil/Sinhala-English/Tamil-English*
b) No of Years

11. Why do you want to follow this course?

.....

I certify that the above mentioned details are true and correct to the best of my knowledge.

.....
Signature

.....
Date

* Delete Inapplicable.

My No : _____

Recommendation by the Head of the Institute

Application is recommended and applicant can be released if selected.

.....
Signature
Head of the Institute/Department
Address

.....
Date