



Educational Qualification    G.C.E O/L     G.C.E.A/L     Degree     Other

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 regulation of the institution

.....  
Date

.....  
Signature of Applicant

**Recommendation**

I recommended Rev/Mr/Mrs/Ms ..... to follow the Study Course held at Trilingual Learning Centre in 2018.

( 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 :.....