Format B

# Department of Official Languages

## Conducting Language Courses as per Management Services Circular : 18/2020

Relevant language proficiency training course according to the service level

100hrs (Primary) ☐ 150hrs (Secondry) ☐ 200hrs (Territory/ Senior) ☐

(Please put a cross (X) in the appropriate box):

Sinhala ☐ Tamil ☐

| Setial No | The name that should be mentioned in the certificate (Name with Innitials in English ) | N.I. C.No | Workplace | Designation | Date of appointment | Tel.No |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

I hereby certify that the above particulars are true and correct.

Date :.....

.....

Signature and Official Seal of the Head of the Department