

Department of Official Languages Language Laboratory – 2024 Registration Form

PLEASE "√" THE LANGUAGE

SINHALA	<input type="checkbox"/>	TAMIL	<input type="checkbox"/>	ENGLISH	<input type="checkbox"/>	FRENCH	<input type="checkbox"/>
GERMAN	<input type="checkbox"/>	HINDI	<input type="checkbox"/>	ITALIAN	<input type="checkbox"/>	JAPANESE	<input type="checkbox"/>
RUSSIAN	<input type="checkbox"/>	CHINESE	<input type="checkbox"/>	ARABIC	<input type="checkbox"/>	KOREAN	<input type="checkbox"/>
IELTS	<input type="checkbox"/>						

Complete the form in CAPITAL LETTERS

Please write your name as it appears on your Passport or Birth Certificate. Please note maximum of 40 characteristics are allowed.

NAME IN FULL	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																																																																																

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DATE OF BIRTH	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> </table>							NIC NO	<input style="width: 100%; height: 20px;" type="text"/>

GENDER	Male <input style="width: 30px; height: 20px;" type="checkbox"/> Female <input style="width: 30px; height: 20px;" type="checkbox"/>	FIRST LANGUAGE	<input style="width: 100%; height: 20px;" type="text"/>
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RESIDENTIAL ADDRESS	<div style="border: 1px solid black; height: 80px; width: 100%;"></div>
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MOBILE NO	<input style="width: 100%; height: 20px;" type="text"/>	WHATSAPP NO	<input style="width: 100%; height: 20px;" type="text"/>
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EDUCATIONAL QUALIFICATIONS	DEGREE	<input style="width: 100%; height: 20px;" type="text"/>	A/L	<input style="width: 100%; height: 20px;" type="text"/>
	DIPLOMA	<input style="width: 100%; height: 20px;" type="text"/>	O/L	<input style="width: 100%; height: 20px;" type="text"/>
	CERTIFICATE	<input style="width: 100%; height: 20px;" type="text"/>	OTHER	<input style="width: 100%; height: 20px;" type="text"/>

HIGHEST
EDUCATIONAL
QUALIFICATIONS
(RELEVANT TO
THE SUBJECTS)

WORK
EXPERIENCE

E-MAIL

I certify that the above given information is correct to the best of my knowledge.

.....
Signature of the Applicant

.....
Date