

Department Of Official Languages

You are a

Government Employee

Private Sector Employee

School Leaver

Student

If employed, work Place

Any Other Second Language
Qualifications

Are you a person with special
needs (Blind | Deaf)?

Yes

No

Payment Slip Number
(E.g. : - 639/PF166654/1/19)

Affix the receipt here so as not to be detached
(It would be advisable to keep a photo copy of the receipt)

Certification by the candidate,

I hereby declare that information furnished by me is true and correct to the best of my knowledge and further, I agree with any decision made to cancel my candidature during, before or after the examination, if I am found to be disqualified in accordance with the conditions of this entrance examination.

.....
Date

.....
Signature of the Candidate