

Application for undergoing the teachers' training courses in teachers' colleges
2019/2020

1. Medium :

2. Course applies for :

3. Date of assumption of duties
as per first appointment letter:

4. Nature of the first appointment, subject and the service / grade you belong to:

a) Nature of the first appointment:

Sri Lanka Teachers' Service	-	01	
Teacher Assistants	-	02	
Pirivena	-	03	
Private Schools Teachers' Service-		04	
Other (pl. mention)	-	03	

b) Subject of appointment

c) Relevant grade

5. Name of the **teachers' college** chosen by you for the course (pl. see 2.3 of the instructions leaflet)

1.....
2.

6. Name with initials (with block letters. Write the last name first and initials at the end.

Ex: PERERA, A.B.):

Rev./Mr./Mrs./Ms.

7. Names denoted with initials (with block letters)

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8. Sex (write the number in the adjoining cage)

Male - 1 Female – 2

9. National Identity Card no. :

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10. (a) Date of birth

(b) Age at 30/04/2019: Years : Months : Days :

11. Telephone no. : Home : Mobile :

12. E-mail address (if any):

13. Personal address (with block letterß)

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14. 1) Present place of work, address, (with block letters)

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District:..... Zone:.....

2) Nature of the place of work (write relevant no. in the adjoining cage)

Government school - 01, Estate school-02, Government Approved Pirivena - 03

Government Approved Private School - 04, Other - 05

15. Statement of the Applicant :

I do hereby certify that the particulars furnished herewith are true and accurate and no other institutional training is undergone by me.

.....
Date

.....
Signature of the Applicant

16. Recommendation of the Principal

This is to certify the applicant above is an employee of this school and the particulars furnished by him / her herewith are true and accurate.

It is agreed to release this teacher from duties if selected for the said teachers' training.

.....
Date

.....
Signature and official stamp of the Principal

17. Recommendation of the Zonal Director of Education

It is agreed to release this teacher from duties if selected for the said teachers' training.

.....
Date

.....
Signature and official stamp of the Zonal Director

18. Recommendation of the Provincial Director of Education

It is agreed to release this teacher from duties if selected for the said teachers' training.

.....
Date

.....
Signature and official stamp of the Provincial Director

