

**Form B**

**Department of Official Languages  
Language Laboratory**

Conducting Language Courses as per Public Administration Circular No. 18/2020

01. Expected Language Course (Cross (x) the relevant box) :

Sinhala

Tamil

02.Relevant Language Proficiency Training Programme based on the Service Level :

(Primary) 100 hours

(Secondary) 150 hours

(Tertiary) 200 hours

03.Number of Officers : .....

04.Name of the Institution : .....

05.Address : .....

06.Telephone No. : .....

07.Fax : .....

08.E-mail Address : .....

09.Details of the Venue at which the Course will be held :

• Province

District

• Nearest City

Venue

10.Map to the venue of the course from the nearest city :

11. Coordinator's

- Name : .....
- Telephone No. : .....
- E-mail Address : .....

12. Recommendation of the Head of the Institution :

I hereby express my approval for this course to be conducted for a maximum of 06 hours / 07 hours / 08 hours a day for  days a week, and request the resources and resource persons required for the successful completion of the course.

Name : .....

Signature : .....

Official Seal : .....

Date : .....