Department of Official Languages

NLQ Examination Application

For Office Use Only

Language applied for ☐ Sinhala ☐ Tamil

Full Name of the Candidate
(In English Block Letters)

Name of the Candidate with Initials at the end
(In English Block Letters)

NIC Number

Mobile Number

Address

Postal City

Province

E-Mail Address

Gender ☐ Male ☐ Female

Date of Birth Y Y Y Y M M D D

Mother Language

You are a ☐ Government Employee ☐ Semi Government Employee

☐ Other

For Government Employee/ Semi Government Employee use only

Work Place

Medium of Appointment

Are you a person with special Needs Yes ☐ No ☐

Visual impairment ☐ Mobility impairment ☐

Hearing impairment ☐ Others ☐

Speech impairment ☐

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 examination.

…… ……

Date Signature of the Candidate