Form A

Department of Official Languages

Conducting Language Training Courses as per Management Services Circular: 01/2023

01. Name of the Institution : .....

02. Address : ....

: .....

03. Telephone No. : .....

04. Fax : .....

05. E-mail Address : .....

06. No. of Officers : .....

07. Language Course expected to be followed

Sinhala ☐ Tamil ☐

(Cross (X) the relevant box.)

08. Relevant Language Proficiency Training Programme based on the Service Level

(Primary) 100 hours ☐ (Secondary/Tertiary) 150 hours ☐

(Senior) 200 hours ☐

09. Details of the course to be held,

Province : ..... District : .....

Nearest City : ..... Venue : .....

10. Coordinator's,

Name : .....

Telephone No. : .....

E-mail Address : .....

11. Recommendation of the Head of the Institution:

I hereby express my approval for this course to be conducted for a maximum of ..... hours per day for ..... days per week and, kindly request the resources and resource persons required in this respect.

Note (Maximum hours allocated for physical classes and online classes per day is 06 hours and 03 hours respectively.)

Name : .....

Signature : .....

Official Seal : .....

Date : .....