



SRI LANKA INSTITUTE OF DEVELOPMENT ADMINISTRATION

For Office Use	Application No:																																																																													
CENTRE FOR LANGUAGE STUDIES																																																																														
Please select the appropriate course	Preferred Day		Saturday	Sunday																																																																										
	1. Diploma in Professional English	Mon+Wed	Tue+Thur	<input type="checkbox"/>	<input type="checkbox"/>																																																																									
				<input type="checkbox"/>	<input type="checkbox"/>																																																																									
2. Certificate in Professional English			<input type="checkbox"/>	<input type="checkbox"/>																																																																										
1. Name with Initials: Rev. / Mr./ Ms.																																																																														
2. Name in Full : (Block Letters)	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																																																																													
3. National Identity Card No :	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																																																																													
4. Designation : Class/Grade																																																																														
5. Service Category	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">SLAS</td> <td style="text-align: center;">SLAcS</td> <td style="text-align: center;">SLES</td> <td style="text-align: center;">SLPS</td> <td style="text-align: center;">SLSS</td> <td style="text-align: center;">SLArS</td> <td style="text-align: center;">Other</td> </tr> </table>			SLAS	SLAcS	SLES	SLPS	SLSS	SLArS	Other																																																																				
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6. Organization :																																																																														
7. Official Address :			Tele No :																																																																											
			Fax No :																																																																											
8. Private Address :			Mobile No :																																																																											
9. Email :																																																																														

Nomination by the Head of the Institution.

Director General / SLIDA

I recommend and forward the application of Mr. / Ms. of this institution for the above course.

The course fee will be/ will not be paid by the institution.

.....
Date

.....
Signature

.....
Name and Designation
(Stamp)

Please send the application by registered post or email.

*Course Coordinator,
Centre for Language Studies,
Sri Lanka Institute of Development Administration,
No. 28/10, Malalasekera Mawatha, Colombo 07.*

*Tel No - 011 5980261/262
Fax - 011 5898505
Email - language@slida.gov.lk*