NATIONAL APPRENTICE AND INDUSTRIAL TRAINING AUTHORITY

Application for Final Assessment and Data Form for Certification

(Office use only–කාර්යාලයීය ප්‍රයෝජනය සඳහා–அலுவலக உபயோகத்திற்கு)

Contract No. | **Registration No.**

No. 01 to 11 should be filled by apprentice

01. හැඳුනුම්පතෙහි සඳහන් පරිදි සම්පූර්ණ නම:
முழுப்பெயர் தேசிய அடையாள அட்டையின்படி:
Full name in the National Identity Card:

02. මුලකුරු සමඟ නම: முதல் எழுத்துக்களுடன் பெயர்:
Name with initial:

03. සහතිකයේ සඳහන් විය යුතු නම (ඉංග්‍රීසි කැපිටල් අකුරින්) :
சான்றிதழில் குறிப்பிட வேண்டிய பெயர் (ஆங்கிலத்தில்):
Name which should be appeared in the Certificate (English Block Letters):

04. ජාතික හැඳුනුම්පත් අංකය:
தேசிய அடையாள அட்டை எண்:
National Identity Card No:

05. ස්ත්‍රී පුරුෂ භාවය
பாலினம்:
Gender
ස්ත්‍රී பெண் Female
පුරුෂ ஆண் Male

06. ස්ථිර ලිපිනය:
நிரந்தர முகவரி:
Permanent Address:

08. පළාත: மாகாணம்:
Province:

09. දිස්ත්‍රික්කය: மாவட்டம்:
District:

07. සහතිකය තැපැල් කළ යුතු ලිපිනය:
சான்றிதழ் அனுப்ப வேண்டிய முகவரி:
Address to post Certificate:

10. මාධ්‍ය: மொழி: Medium:

11. ඔබව සම්බන්ධ කළ හැකි දුරකතන අංක:
தொலைபேசி இலக்கம்:
Telephone No can Contact You:

නිවස:
வதிவிடம்:
Home:

ජංගම:
தொலைபேசி:
Mobile:

ඉහත සඳහන් කරුණු නිවැරදි බවත්, සත්‍ය බවත් සහතික කරමි.
மேற்கூறிய விடயங்கள் அனைத்தும் உண்மையானதும் சரியானவை எனவும் சான்றளிக்கிறேன்.
I hereby certify the above particulars are true & correct.

දිනය: திகதி: Date:.....

.....
අයදුම්කරුගේ අත්සන: விண்ணப்பதாரரின் கையொப்பம்:
Signature of the Applicant:

No. 12 to 21 should be filled by inspector

12. Occupation (According to the competency standard)

13. Competency code with version:

14. NVQ Level:

15. i. Qualification Package:

ii. Unit of package:

16. Enterprise Base Training (EBT)

Name of Training Establishment	E- Number	Address	Telephone No.

17. Center Base Training (CBT)

Name and Address with Telephone No.	TVEC registration Number	Date of accredited the course	Name of instructor	Instructor Telephone No.

18. Training Period

Started Date		End date		Duration	Years		Months	

19. If training extended

Started Date of Training extended		End date of Training extended		Reason for extend	

20. Knowledge Assessment by TVEC

Attended		Not yet attend		If Attend Results	Pass		Fail	

21. Final Assessment

1st Attempt		2nd Attempt		3rd Attempt	

Certification of the District Office

Verification from MIS

i. Name ☐ **ii. NIC** ☐ **iii. Trade** ☐ **iv. Contract Number** ☐

Checked by:…….. EPF No:……

Declaration

This is to certify that the apprentice whose name is given overleaf is currently undergoing training and is scheduled to complete his/her training on …… His /Her attendance is above 80% and he/she has been provided with relevant theory inputs, information provided by the apprentice is accurate. I recommend this apprentice is qualified to appear for the Final assessment.

…….. …… ……..

Signature/ Date/Stamp of the Inspector Training Officer Signature/ Date/Stamp of the District Manager

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For NVQ Division use only

Verification from MIS

i. Name ☐ **ii. NIC** ☐ **iii. Trade** ☐ **iv. Contract Number** ☐

Checked by:…… EPF No:……**……**

Date of Final Assessment ……../……/…… Place……

Assessor 1…… Assessor 2……..

Test Result …… Date of results uploaded to the TVEC System ……/……../…….

Uploaded by (Name and EPF No.) :…… Signature ……

Signature of Assistant Director/ Training Officer (Evaluation) …… Date: ……../……../……..

For Certificate Division use only

Verification with MIS

i. Name ☐ **ii. NIC** ☐ **iii. Trade** ☐ **iv. Contract Number** ☐

Checked by:…….. EPF No:…….

Certificate Number	Serial Number of the Certificate	Date of issued

…… ……

Training Officer (Certificate) Assistant Director (Certificate)