National Apprentice and Industrial Training Authority

Index No. | |

Application for Final Trade Test and Data Form for Certification

Contract No. | |

No. 1.0 to 5.0 should be filled by apprentice

1.0 Full Name (English) (Block Letters) : .....

.....

Name with initials (English) : .....

Full Name (Sinhala/Tamil) : .....

.....

2.0

Date of Birth			National Identity Card No											Gender	
Year	Month	Date												Male	Female

3.0 Medium: | Sinhala | | English | | Tamil | |

4.0 Permanent Address (English): .....

.....

Address to post the certificate (English): .....

.....

5.0 Telephone No. | Home | | Mobile | |

I certify that the above details are true and correct.

Date: ..... Signature of Apprentice: .....

No.4.0 to 8.1 Should be filled by Inspector

4.0 Trade (English) : .....

5.0. Training Mode (Mark "✓")

Situational	Village	OJT

6.0 Name, Address and Telephone Number (if available) of the Training Establishment.

.....

.....

.....

7. 0 Training period: Year: ..... Month: .....

Date of Commencement	Date of Completion	if training is extended		Reasons
		Start date	End date	

8.0 Indicate " ✓"mark whether this is the first attempt or repeat test.

First Attempt		Repeat Test	Practical	
			Theory	

8.1 If Repeat Test, Index Number in first attempt | |

Certification of the District Office

Verification with MIS

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

Checked by: …….. EPF No: ……..……..

Couse Approval

Director Training Approval: Yes ☐ No ☐ Date: ☐ Course Approval Number: ☐

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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Results of Trade Test

	First Attempt		Second Attempt		Third Attempt	
	Practical	Theory	Practical	Theory	Practical	Theory
Test Result						
Tested Date & Place						

If he / She have failed in the examination the extended period of training.

Date Started	Date to be Completed

Remarks: ……

……..

Name of the Testing Inspector: …… Signature ……

Signature of District Manager / Training Officer: …… Date: ……../……../……..

Note: Indicate the results of the test in words “Pass” or “Fail” in the case of a failure. Write the reasons for failure and period extended under the remarks. If cancelled the final trade test write the reasons under the remarks.

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)