



SRI LANKA INSTITUTE OF DEVELOPMENT ADMINISTRATION

For Office Use										Application No:			
CENTRE FOR LANGUAGE STUDIES													
Please select the appropriate course (Only one course in an application)	Preferred Day						Weekdays		Weekends				
							During Office Hours	After Office Hours	Saturday	Sunday			
	1. Diploma in Professional English												
	2. Certificate in English for Careers												
	3. Speech craft Training with Toastmasters International												
1. Name with Initials: Rev. / Mr./ Ms.													
2. Name in Full : (Block Letters)													
3. National Identity Card No :													
4. Designation : Class/Grade													
5. Service Category :													
6. Organization :													
7. Official Address :										Tele No : Fax No :			

8. Private Address :		Mobile No : WhatsApp No :
9. Email :		
<p>Nomination by the Head of the Institution.</p> <p>Director General / SLIDA</p> <p>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.</p> <p>.....</p> <p style="text-align: center;"> Date Signature Name and Designation (Stamp) </p>		
<p><i>Please send the application by registered post or email.</i></p> <p>Course Coordinator Centre for Language Studies Sri Lanka Institute of Development Administration No. 28/10, Malalasekera Mawatha, Colombo 07.</p> <p>Tel No - 011 5980261/262 Fax - 011 5898505 Email - language@slida.gov.lk (simple letters)</p>		