

Application for Advanced Certificate Course for Teaching Mathematics - 2020

01. Full Name :.....
02. Name with Initials :-
03. Postal Address :.....
.....
.....
04. School Address :.....
.....
05. Mobile phone Number :.....
06. (i) E-mail :.....
- (ii) Other number (In case of emergency):-.....
07. Date of Birth :..... 08. NIC No:-.....
09. Date of first appointment :-.....
10. Grade obtained in your G.C.E (O/L) Mathematics:-..... and Year:-.....
11. Result of G.C.E (A/L):- Year:-.....
- | Subject | Grade |
|---------|-------|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
12. Educational Qualifications:- (i).....
(ii).....
13. Subject mentioned in your first appointment letter:-.....
14. Are you a trained teacher? Yes/ No
If yes, the major subject in your teacher training:-.....
15. Professional Qualifications:-(i).....
(ii).....
16. Which Grades that you teach Mathematics at present:-
.....
.....
17. How many years have you been teaching Mathematics?

I do hereby certify that the above-mentioned particulars are true and correct.

Date:-.....

.....

Signature of the Teacher

Recommendation of the Principal.

I certified that Mr. / Ms. has been teaching mathematics (6 to 11) 5 years/ more than 5 years.

Date:-.....

.....

Signature of the Principal

Recommendation of the Zonal director of education to release for the course:

This candidate can/ cannot be released during the course period to follow the course.

Date:-.....

.....

Signature of the Zonal Director of Education

Official Frank.

Recommendation of the Provincial director of education on releasing the candidate to follow the course:

This candidate can/ cannot be released during the course period to follow the course.

Date:-.....

.....

Signature of the Provincial Director of Education

Official Frank.

Please click the link <https://goo.gl/forms/JSIqqJGjknLGgT593> and fill it up and send.