



TELECOMMUNICATIONS REGULATORY COMMISSION OF SRI LANKA

APPLICATION FORM

EXAMINATION FOR THE ISSUE OF AMATEUR RADIO OPERATOR'S LICENCE BY THE DIRECTOR GENERAL OF TELECOMMUNICATIONS

For office use only
File No:
Index No:
Date of Submission:

1. Category of Licence Required:

(if applicant is willing to apply for more than one category applicant should submit a separate application form for each category)

Novice Class

General Class

Advanced Class

2. Full Name (IN BLOCK CAPITALS):

3. Name with Initials: Rev./Dr./Mr./Mrs./Ms. (IN BLOCK CAPITALS)

4. Nationality:

5. Date of Birth:

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Age as on the closing date of the Application:

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Years

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Months

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Days

***Photocopy of the Birth certificate should be attached.**

6. Gender: Male
 Female

7. National Identity Card Number:

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8. Contact Details:

	Residence		Office	
Address				
Email				
Telephone	Home:	Mobile:	Office:	

9. Academic Qualifications (Masters/Degree/Advanced Level/etc.):

Masters/Degree/Advance Level/etc.	Institute/School	Year	Grade

*Please attach copies of certificates.

10. Technical /Professional Qualifications (Evidence should be furnished)

Diploma/Professional Membership	Institute/Awarding Body	Year	Specialization	Grade

*Please attach copies of certificates.

11. Please indicate whether you wish to attempt the written Examination and Practical Morse code Test in case of Advanced Class Examination

- I. **Written Examination (Part 01)**
- II. **Practical Morse Code Test (Part-02)**

12. DECLARATION

I do hereby declare that to the best of my knowledge and belief the particulars furnished by me are true and correct. I confirm that I have read and understood the examination rules & regulations as published in the gazette notification and I agree to abide by these rules and regulations.

.....
Signature of Candidate

Date: / /

ATTESTATION (Refer Gazette Notification)

I certify that

Who is resident of

And known to me personally placed/ his signature in my presence today.

Signature of Attester:

Date:

Name:

Designation:

Postal Address:

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1) Examination fee paid

2) General receipt numberDated.....

3) Observations / Remarks