 

TELECOMMUNICATIONS REGULATORY COMMISSION OF SRI LANKA

**APPLICATION FORM**

For office use only

File No:

Index No:

Date of Submission:

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

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 |  |

1. **Full Name (IN BLOCK CAPITALS):**

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

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1. **Nationality:** Sri Lankan

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |
| Years | | Months | | Days | |

1. **Date of Birth: Age as on the closing date of the Application:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |
| D | D | M | M | Y | Y | Y | Y |

\*Photocopy of the Birth certificate should be attached.

|  |  |
| --- | --- |
| Male |  |
| Female |  |

1. **Gender:**
2. **National Identity Card Number:**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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1. **Contact Details:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Residence** | | **Office** | |
| **Address** |  | |  | |
| **Email** |  | | | |
| **Telephone** | **Home:** | **Mobile:** | | **Office:** |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Masters/Degree/Advance Level/etc.** | **Institute/School** | **Year** | **Grade** |
|  |  |  |  |
|  |  |  |  |

\*Please attach copies of certificates.

1. **Technical /Professional Qualifications (Evidence should be furnished)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Diploma/Professional**  **Membership** | **Institute/Awarding Body** | **Year** | **Specialization** | **Grade** |
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\*Please attach copies of certificates.

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

|  |  |
| --- | --- |
| * 1. **Written Examination (Part 01)** |  |
| * 1. **Practical Morse Code Test (Part-02)** |  |

1. **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.

……………………………………………………. Date: …...... /………. /…………..

Signature of Candidate

ATTESTATION (Refer Gazette Notification)

I certify that

Who is resident of

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

Signature of Attester : ………………………..………………

Date : ………………………..………………

Name : ………………………..………………

Designation : ………………………..………………

Postal Address : ………………………..………………

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1. Examination fee paid .…………………………………………………………..
2. General receipt number …………………………Dated………………………..
3. Observations / Remarks