ශ්‍රී ලංකා විභාග දෙපාර්තමේන්තුව
ජාතික ඇගයීම් හා පරීක්ෂණ සේවාව
இலங்கைப் பரீட்சைத் திணைக்களம்
தேசிய மதிப்பீட்டிற்கும் பரீட்சித்தலுக்குமான சேவை
Department of Examinations, Sri Lanka
NATIONAL EVALUATION AND TESTING SERVICE

පැලවත්ත, බත්තරමුල්ල.
பெலவத்தை, பத்தரமுல்ல.
Pelawatta, Battaramulla.

දුරකථනය / தொலைபேசி / **Telephone**: **2786200, 2784201, 2785202, 2784203, 2784204, 2786205, 2784206, 2787207**

ෆැක්ස් / பெக்ஸ் / Fax: **011-2785231**

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E-mail: evaluation.exam@gmail.com

මගේ අංකය / எமது இல / My No.: 9/2/3/ගුරු විද්‍යාල - 2021/2022(2024)

ඔබේ අංකය / உமது இல / Your No.: ....

දිනය / திகதி / Date: 2024.08.10

පීඨාධිපති/ විදුහල්පති,

....

....

ගුරු විද්‍යාල අවසාන විභාගය - 2021/2022(2024)

උපාධිධාරී නොවන නුපුහුණු ගුරුවරුන් සඳහා පුහුණු පාඨමාලා විභාගය - 2023(2024)

ප්‍රායෝගික පරීක්ෂණය - ඉංග්‍රීසි විෂයෙහි උත්තරපත්‍ර ඇගයීම

උක්ත විභාගයේ උත්තරපත්‍ර ඇගයීම් සිදු කිරීම සඳහා පරීක්ෂකවරුන් තෝරා ගැනීමට අවශ්‍ය තොරතුරු ලබා ගැනීමේ ආකෘති පත්‍රය මේ සමඟ යොමු කරමි. එම ආකෘති පත්‍රය මාධ්‍යය අනුව සහ එක් එක් විෂයයන්ට වෙන් වෙන් වශයෙන් වන පරිදි ජ්‍යෙෂ්ඨතාවයේ අනුපිළිවෙලට සම්පූර්ණ කර, ඔබගේ නිර්දේශය සහිතව 2024.08.31 දිනට පෙර විද්‍යුත් තැපෑල (evalution.exams@gmil.com) මගින් හෝ සාමාන්‍ය තැපෑල මගින් එවීමට කටයුතු කරන ලෙස කාරුණිකව ඉල්ලා සිටිමි.

02. එසේම පරීක්ෂක සංඛ්‍යාව ප්‍රමාණවත් පරිදි ඉදිරිපත් නොවන්නේ නම් හා නියමිත කාලසීමාව තුළ සහභාගී නොවන්නේ නම් ප්‍රතිඵල ලබා දීමේදී ප්‍රමාදයන් ඇති විය හැකි බව කාරුණිකව සිහිපත් කරමි.

03. එමෙන්ම පසුගිය වසරේ ඇගයීම් කටයුතු සාර්ථක කර ගැනීම සඳහා ඔබ ඇතුළු පරීක්ෂකවරුන් ලබා දුන් සහයෝගය කෘතවේදීව අගය කරන අතර, මෙම වසරේ ඇගයීම් කටයුතු සාර්ථක කර ගැනීම සඳහා ද සහයෝගය අපේක්ෂා කරමි.

අත්.කළේ/: එච්.ජේ.එම්.සී. අමිත් ජයසුන්දර
විභාග කොමසාරිස් ජනරාල්

කේ.සී.එස්. ද සිල්වා
නියෝජ්‍ය විභාග කොමසාරිස්
පාසල් විභාග ඇගයීම්

ශ්‍රී ලංකා විභාග දෙපාර්තමේන්තුව
ජාතික ඇගයීම් හා පරීක්ෂණ සේවාව
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පැලවත්ත, බත්තරමුල්ල.
பெலவத்தை, பத்தரமுல்ல.
Pelawatta, Battaramulla.

මගේ අංකය / எமது இல / My No. } 9/2/3/ஆசிரியர் கலாசாலை 2021/2022 (2024)

ඔබේ අංකය / உமது இல / Your No. } ....

දිනය / திகதி / Date } 2024.08.10

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ෆැක්ස් / பெக்ஸ் / Fax } 011-2785231

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අන්තර්ජාල ලිපිනය / இணையத்தள முகவரி / Web Address } **www.doenets.lk** **www.results.exams.gov.lk**

E-mail: **exams@doenets.lk**

பீடாதிபதி / அதிபர்

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ஆசிரியர் கலாசாலை இறுதிப் பரீட்சை – 2021/2022 (2024)
பட்டதாரியல்லாத பயிற்றப்படாத ஆசிரியர்களுக்கான பயிற்சிப் பாடநெறி பரீட்சை –2023(2024)
பிரயோகப் பரீட்சை – ஆங்கிலப் பாட விடைத்தாள் மதிப்பீடு

மேற்படி பரீட்சையின் விடைத்தாள் மதிப்பீட்டுப் பணிக்காக பரீட்சகர்களை தெரிவு செய்ய வேண்டியுள்ளது. அதன் நிமித்தம் விடைத்தாள் பரீட்சகர்களின் விபரங்களை பெற்றுக் கொள்வதற்கான படிவம் இத்துடன் அனுப்பப்படுகின்றது. இப்படிவத்தை மொழி அடிப்படையிலும், ஒவ்வொரு பாட அடிப்படையிலும் வேறு வேறாக பரீட்சகர்களின் பெயர்களைப் பதவி முன்னிலை அடிப்படையில் தயாரித்து 2024.08.31 ஆம் திகதிக்கு முன்னர் தபால் மூலமாகவே (evalution.exams@gmail.com) எனும் மின்னஞ்சல் மூலமாகவே அனுப்பி வைக்குமாறு கேட்டுக்கொள்கின்றேன்.

02. மேலும் பரீட்சகர் விண்ணப்பங்கள் போதுமானதாக கிடைக்கப் பெறவில்லையாயின் அல்லது குறிப்பிட்ட காலப்பகுதியில் பரீட்சகர்கள் மதிப்பீட்டில் பங்குபற்றவில்லையாயின் பெறுபேறுகளை வழங்குவதிலும் தாமதம் ஏற்படும் என்பதயையும் தெரிவித்துக் கொள்கிறேன்.

03. அவ்வாறே கடந்த ஆண்டு விடைத்தாள் மதிப்பீட்டினை வெற்றிகரமாக மேற்கொள்ள நீங்களும் ஏனைய பரீட்சகர்களும் வழங்கிய ஒத்துழைப்பினை மதிப்பதோடு இவ்வாண்டும் மதிப்பீட்டினை வெற்றிகரமாக நிறைவு செய்ய உங்கள் ஒத்துழைப்பினை எதிர்பார்க்கின்றேன்.

ஒப்பம்: **H.J.M.C. அமித் ஜயசுந்தர**
பரீட்சை ஆணையாளர் நாயகம்

K.C.S த சில்வா
பிரதிப் பரீட்சை ஆணையாளர் (பா.ப - மதிப்பீடு)

* Incomplete applications will be rejected.

* Please read instructions given on page 04, before completing.

* Closing date of Applications is **31 th Augest 2024.**

TTC
2024

FOR OFFICE USE	
Marks	Code No.

To be filled by the examiner.	
Last served	
Year	Town

Teachers' Training College Final Examination - 2023(2024)
Application for Marking Examiners

01. Subject No. & subject applied for marking :

Subject No.	Subject	Medium		
		Sinhala	Tamil	English

Tick (√) the relevant boxes.

02. Town No. and town you wish to do marking : (Please see the list of towns given on last page)

(a) First choice ☐ ☐ (b) Second choice ☐ ☐

03. (a) Name with initials : Rev./Mr./Ms. ....

(b) Names denoted by initials : ....

(c) Permanent address : ....

(d) E-mail address : ....

(e) Gender : .... (f) National identity card No. : ☐☐☐☐☐☐☐☐☐☐☐☐

04. (a) Present working District : ☐ (b) Permanent residential district : ☐

05. (a) Address : (IN BLOCK LETTERS)

Official	Private
....	....
....	....
....	....

(b) Telephone Nos. : Official ☐☐☐■☐☐☐☐☐☐ Whatsapp ☐☐☐■☐☐☐☐☐☐ Mobile ☐☐☐■☐☐☐☐☐☐

06. (a) Present Designation : .... (b) Service & grade : ....

07. (a) Date of birth: D D M M Y Y Y Y

(b) Age as at 31.08.2024: Y Y M M D D

08. Date of appointment as a teacher: D D M M Y Y Y Y

09. (a) Date of appointment as a lecturer: D D M M Y Y Y Y

(b) Type of appointmnet (Attached ☐ Permanent ☐ (Tick (√) the relevant box.)

10. (a) Period of service as a lecturer: Years Y Y

(b) Period of service as a graduate : Years Y Y

14. (a) **Does any family member or a resident of your house expect to sit this examination this year ? Yes** ☐ **No** ☐
(A family member means your spouse, children, grand children or your or spouse's siblings and their children and grand children.)

(b) If yes, from **which TTC** ? ....

15. (a) Is any disciplinary inquiry against you in progress? Yes ☐ No ☐

(b) If yes, give details ....

16. **Declaration of applicant :**

I hereby declare that the information given above is true and accurate and that I am not debarred from marking at present and I am aware I will be subjected to disciplinary action if found to have submitted false information and mislead the department. If I am selected as a marking examiner, I agree to safeguard the dignity of the institution where the marking center is established and abide by its rules and regulations, and follow the provisions of the Public Examinations Act as well as the instructions given by the Commissioner General of Examinations and abide by the code of ethics for evaluation staff.

Date : ....

....
Signature of Applicant

17. **Confidential Report of the certifying officer : (Please read the instructions given in the last page, before completing)**

(a) Regarding this applicant, his/ her

(i) Competency in the subject, applied for marking ☐

(ii) Ability to bear responsibilities ☐

(iii) Dedication to work/ duties ☐

(iv) Leadership and ability to lead a group ☐

(b) State your recommendation clearly regarding the selection of this applicant for marking of the above examination.

....

(c) I hereby certify that the information contained in sections 01 to 12 and in section 15 is correct and this applicant is suitable to serve as a marking examiner and I agree to release him/her if selected.

Principal's

.... Name : ....

Signature

Date : .... Address : ....

(Official Frank is compulsory.)

Teacher's Training College- Final Examination -2023 (2024) - Updating the deatails of Examiners

Name of College of Education ....

Subject No [ ] Subject ....

Serial No.	Name	National Identity Card No.	Private Address	Private Telephone No.	Date of First Appointment	Present Designation	Date of Appointment to present post	Educational / Professional Qualifications	Marking Experience of NCOE Marking	Signature of the Examiner	Recommendation of the President (Whether qualified and suitable to be appointed as a chief examiner)

I hereby certify that the above information is true and correct.

Date : ....

....

Signature of President
(Official Frank)

N.B. Please enter examiners' names according to their seniority order.