



TERTIARY AND VOCATIONAL EDUCATION COMMISSION (TVEC)

Quality Assurance & Assessment Regulation Division

NVQ Assessment Requesting Form

- 1) Name of the Center :
- 2) Registration No : P___ / _____
- 3) Address :
- 4) Contact No. :
- 5) Course Name (According to the NCS) :
- 6) Competency Code :
- 7) NVQ Level :
- 8) Course Accreditation Date : ____ / ____ / ____
- 9) Course Starting Date : ____ / ____ / ____
- Course Ending Date : ____ / ____ / ____
- 10) No. of Students :

- Student details should be attached herewith using following format.

No.	Applicant's Name	NIC No.

- Completed details could be sent either by mail address to :
Director (Quality Assurance & Assessment Regulation)
Tertiary and Vocational Education Commission,
"Nipunatha Piyasa", 354/2, Elvitigala Mw,
Narahenpita, Colombo 05.

or email to chandrani@tvec.gov.lk or info@tvec.gov.lk

Signature

Date

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