



## 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 [ajithpolwatta@hotmail.com](mailto:ajithpolwatta@hotmail.com)

Signature

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Date

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