

**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 : \_\_ \_\_ \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_

1. 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:info@tvec.gov.lk)

Signature Date

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