

05. Language Proficiency

Language	Reading				Writing				Speaking			
	Very Good	Good	Ave.	Poor	Very Good	Good	Ave.	Poor	Very Good	Good	Ave.	Poor
Sinhala												
English												
Tamil												

06. Preference of the location of the examination centre (“√” Mark your preference)

Colombo Kurunegala Matara Rathnapura Polonnaruwa Kandy
 Batticaloa Badulla Anuradhapura Galle Gampaha Jaffna
 Ampara Kalutara

07. The availability of your own transport for the assignment

Yes No If yes, type of the vehicle (Car, Van Etc.)

08. Desired mode to receive communications by AAT Sri Lanka

Email If so, please write your email address

09. Declaration by the Applicant

I hereby declare that:

- i. The particulars given by me on above are true and correct
- ii. Members of my family or in my household are not appearing for any AAT Sri Lanka Examinations
- iii. I do not conduct classes, lectures and do not have any involvement, interest or connection whatsoever with any private institution or tutor, which conducts classes in respect of any subject prescribed for the AAT Sri Lanka Examinations.
- iv. If enrolled as a member supervisor, I will maintain the confidentiality expected of me as a member supervisor of AAT Sri Lanka

Date

Signature

10. Office Use Only

Status of Membership: Active <input type="checkbox"/>	Membership Division
Inactive <input type="checkbox"/>	
CPD Earned : 1 st Year <input type="text"/>	
2 nd Year <input type="text"/>	
Signature (Head of Membership) <input type="text"/>	
Date <input type="text"/>	

Compliance with Criteria:	Examination Division
Yes <input type="checkbox"/> No <input type="checkbox"/>	
<i>If No Reason</i>	
Short Listed: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Committee Approved Date: <input type="text"/>	
Signature (Manager Exam) <input type="text"/>	
Signature (Head of Exam) <input type="text"/>	
Date <input type="text"/>	