

Office Use Only	Receipt No.	
	Date	

## CIVIL AVIATION AUTHORITY OF SRI LANKA

## ENGLISH LANGUAGE PROFICIENCY CHECK EVALUATION FORM

Partici	ulars of the applicant							
1.	Full Name (In Block Capit	ŕ						
2.	Contact Number :.			ail :				
3.	Nationality :.		Lice	nce Issuanc	e Authority	·•		
4.	ID No. / Pass Port No. :.				•			
5.								
J.	Licence Number/ Type of Licence applied for :							
6.	Name of the Airline/Organ	ization:					•••••	
7	ELPC Required Date *: (* ELPC is usually conducted only once a week on Thursdays at 2.00 p.m.)						o.m.)	
8.	Applied for (PILOT/FN/A	ΓC/ASO): Li	cence Issuan	ce	Licence	Conversio	n	
		R	atings Renew	al	_ ]			
9.	If ELPC is already done:	Previou	s Level		⊐ xpiry Date			
·	•							
	Signature:	••••			Date:	•••••	••	
Officia	ll Use Only						•	
Evalua	ntion Criteria	1	2	3	4	5	6	
	UNCIATION							
STRUC	CTURE							
	BULARY							
FLUE								_
	REHENSION							_
INTER	ACTION							
Very P	Proficient Non Native / Nat	ive Speaker	Yes		] :	No		
ICAO I	Language Proficiency Level				_			
(Lowes	t rating among individual rat	ings)						
Remar	ks							
INTEL	RVIEW PANEL							
			<b>D</b> • •		a. ,	-	D. 4	
	<u>Name</u>		<b>Designator</b>		<b>Signature</b>	<u> </u>	<u>Date</u>	
1		•••••		• • • • • • • • • • • • • • • • • • • •		•••••	•••••	
2								
3								

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