**2017**

**NETP (SEC)**

**UMAR PULAVAR TAMIL LANGUAGE CENTRE**

**Ministry Of Education**

**2 Beatty Road, Singapore 209954**

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**Application Form**

*(NETP Secondary is open for all Secondary school students who offer Higher Tamil Language programme)*

**NATIONAL ELECTIVE TAMIL LANGUAGE PROGRAMME (NETP) - SEC**

Please submit this form to UPTLC by **fax at 6298 4677** by **13 Feb 2017**

**SECTION 1: PERSONAL PARTICULARS OF APPLICANT**

|  |  |  |
| --- | --- | --- |
| Name: | | Name of Sec School: |
| Level: |
| Class: |
| NRIC/FIN: |  | Date of Birth: |
| Citizenship: |  | Gender: Male / Female |
| Home Address: |  | E-mail: |
| HP: Tel: |
| Name of Parent/ Guardian: |  | Parent’s/ Guardian’s HP: |
| Name of Tamil Teacher in your JC: |  | Teacher’s Contact No.: |
| Teacher’s E-mail: |

**SECTION 2: TAMIL LANGUAGE LEARNING**

Please fill in the grades / other details accordingly.

|  |  |
| --- | --- |
| **Tamil Grade** at PSLE (for Sec 1 applicants) |  |
| **Higher Tamil** Grade at PSLE (if appropriate) for Sec 1 applicants |  |
| **Higher Tamil** Grade in Sec 1,2,3 & 4 (SA2 results) | \* Sec 1 \_\_\_\_\_\_\_  Sec 2 \_\_\_\_\_\_\_  Sec 3 \_\_\_\_\_\_\_  Sec 4 \_\_\_\_\_\_\_ |

*All successful applicants will be required to produce the originals of the above for verification upon UPTLC’s request.*

\* to be filled in accordingly.

**SECTION 3: INTERESTS/ TALENTS IN TAMIL LANGUAGE, LITERATURE, CULTURE AND PERFORMING ARTS**

Pleaselist your achievements if appropriate.

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**SECTION 4: PERSONAL STATEMENT**

Why do you want to participate in the National Elective Tamil Language Programme (NETP)? Please provide your views in Tamil.

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*You may use separate sheet if necessary.*

**SECTION 5: DECLARATION**

I certify that the information provided on this application is true and complete to my best knowledge, and understand that any false or incompleteness could render this application invalid. I agree to abide by the decision of the Selection Committee.

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Signature of Applicant Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_­­­­­\_\_\_\_\_\_\_\_\_

Parent’s Acknowledgement (Signature) Date

**SECTION 6: SCHOOL ENDORSEMENT**

I support the application.

Name of Principal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Stamp

Revised 01 December 2015