**2016**

**NETP (JC)**

**UMAR PULAVAR TAMIL LANGUAGE CENTRE**

**Ministry Of Education**

**2 Beatty Road, Singapore 209954**

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 **Application Form**

*(JC1 and JC 2 students who offer H2 TL are only eligible to apply)*

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

Please submit this form to UPTLC by **fax at 6298 4677** by **25 Feb 2016**

**SECTION 1: PERSONAL PARTICULARS OF APPLICANT**

|  |  |
| --- | --- |
| Name:  | Name of JC: |
| Level: JC1 / JC2  |
| Class:  |
| NRIC/FIN:  |  | Date of Birth:  |
| Citizenship: |  | Gender: Male / Female |
| Home Address:  |  | E-mail:  |
| HP: |
| 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 ‘O’ level  |  |
| **Higher Tamil** Grade at ‘O’ level |  |
| **Tamil Literature**  |  |
| Equivalent results based on **IP school assessment** (if applicable)  |  |

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

**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