EPS-TOPIK POINT SYESTEM EXAMINATION-2017

A special notice to the candidates who could not sit for the above examination due to the extreme weather conditions experienced in past few days.

Arrangement of an alternative examination date for the candidates who could not sit for the above examination on due date as a result of extreme weather conditions prevailed in the certain parts of the country is presently under consideration of the Human Resources Development Services in Korea.

The candidates are requested to complete the form attached hereto as advised below and handover to the nearest branch of the SLBFE.

Instructions:

- 01. The dully filled attached form should be supported by a letter from the Grama Niladari of your division or a Justice of Peace stating that you could not sit for the aforesaid examination due to the extreme weather condition prevailed in the respective area.
- 02. Please note that those who do not furnish a letter from Grama Niladari or a Justice of Peace along with the above form will not be considered for this extended facility.
- 03. You are requested to forward the dully filled form along with the required supportive documents to the nearest branch office of the SLBFE prior to 12.06.2017.

Examination Date Change Application

Job category	:	Receipt/ Admission Number:					
Name	:	Passport Number:					
Phone number	·:						
I hereby request your good office to grant me permission for re-testing since I was not able to							
participate	for	the I	Korean	Language	Test	(CBT)	on
2017/05/				(Date	Session	& time of	of the
Examination and the Number of the CBT Center) due to the following reason.							
If there is any false statement stated here, I promise that I will not raise any concerns with regard							
to the examination to the relevant of Authority.							
=== Below ===							
° Reason (Describe in detail according to 5W1H)							
* 5W1H stands for who, what, where, when, why, how							
				20	17. 5		
				Examine	e :		
				(Signature)	:		
° Checker: I confirm that the above is true.							
Name of the	e Institution:	D	epartment:	Rank:			
Phone num	ber:	N	Iame:	(Signatur	e):		