

**SRI LANKA STANDARDS INSTITUTION**

**Application Form for the  
General Training Programmes**

01. NAME WITH INITIALS: Dr/Mr/Ms/Miss .....

02. TITLE OF THE PROGRAMME: .....

03. DATE/DURATION OF THE PROGRAMME: .....

04. ADDRESS: Official/Private Telephone No: Official/Private

.....  
 .....  
 .....

05. EMPLOYMENT

NAME OF THE ORGANIZATION DESIGN ATION

Date: ..... Signature of Applicant

06. Payment of Participation expenses

Name, address and signature of person making payment

Name: .....

Address: ..... Telephone No: .....

.....  
 .....

Signature: .....

**FOR OFFICE USE**

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Fees paid by: Cash/Cheque Am ount:

Cheque No: Bank:

Date of payment: Receipt No: