

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

Fees paid by: Cash/Cheque Am ount:

Cheque No: Bank:

Date of payment: Receipt No:

Back to
Programme
Category &
Names

Go to
Programme
Calendar