

SRI LANKA STANDARDS INSTITUTION

**DIPLOMA IN QUALITY MANAGEMENT
APPLICATION FORM**

Personal Information

01 Name with initials (Dr/Mr/Miss/Mrs):

02 Official Address : **Telephone :**
..... **E Mail :**
.....

03 Private Address : **Telephone :**
..... **E Mail :**
.....

04 Educational Background

Name of Examination	Subject	Grade Obtained	Year
4.1 G.C.E. (O/L) Examination	1.		
	2.		
	3.		
	4.		
	5.		
	6.		
	7.		
	8.		
4.2 G.C.E. (A/L) Examination	1.		
	2.		
	3.		
	4.		

**4.3 Any other Higher Qualification/
Professional Qualifications :**

05 Employment Record

Name of Organization	Position Held	Years of Service	Description of work

I certify that the above mentioned information is true and correct to the best of my knowledge.

.....
Date

.....
Signature of Applicant

06 Payment of participation expenses (if selected) : Agree/Not Agree

07 Facilities to conduct the project : will be provided/not provided

08 Name and address of Company/Person making payment and providing facilities to conduct the project:

NAME :

ADDRESS :

SIGNATURE :

DESIGNATION :

COMPANY VAT NO.:
