

**SRI LANKA STANDARDS INSTITUTION  
SPECIMEN APPLICATION FORM FOR TRAINING PROGRAMMES**

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

02 TITLE OF PROGRAMME : .....

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

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

05 EMPLOYMENT  
NAME OF THE ORGANIZATION DESIGNATION  
.....

Date : .....  
Signature of Applicant

06 Payment of Participation expenses

Name, address and signature of person making payment

Name : .....  
Address ..... Telephone No: .....  
..... VAT Reg. No. : .....

Signature : .....

**FOR OFFICE USE**

Fees paid by : Cash/Cheque Amount:  
Cheque No: Bank:  
Date of payment : Receipt No :