

**SRI LANKA STANDARDS INSTITUTION**

**SPECIMEN APPLICATION FORM  
FOR 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

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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: .....

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Signature: .....

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**FOR OFFICE USE**

Fees paid by: Cash/Cheque

Amount:

Cheque No:

Bank:

Date of payment:

Receipt No: