



REGISTRATION FORM

Programme Name:

Please fill the following details.

Organization :

Address :

Telephone : Fax :

No	Name	Designation	Contact No	Email address
01				
02				
03				
04				
05				

(Photocopy this form for additional bookings.)

Total Amount (Rs.)

Cash

Cheque no :

Bank :

(Cheque should be drawn in favour of 'Distance Learning Centre Ltd.')

Important: all payment should be made on or before the commencement of the programme.

.....
Authorized Signatory

.....
Designation or Seal

...../...../.....
Date

Once completed, please send this form to Email vajira@dicsrilanka.org or Fax: 011-2552474
For Inquiries 0112-595916 / 071-6588888