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**STUDENT REGISTRATION FORM**

**(**

**Please complete clear in block letter**

**)**

**-**

**STUDENT NO:**



|  |  |
| --- | --- |
| NAME OF THE COURSE |  |
| FULL NAME IN BLOCK LETTERS |  |
| GENDER – M/F |  |
| HOME ADDRESS |  |
| IDENTITY CARD NO |  |
| TELEPHONE NO |  |
| MOBILE NO |  |
| DATE OF BIRTH |  |
| NATIONALITY |  |
| EMAIL ADDRESS |  |
| SCHOOLS ATTENDED |  |
| EDUCATION QUALIFICATIONS |  |
| PROFESSIONAL QUALIFICATIONS |  |
| WORK EXPERIENCE |  |
| LANGUAGE : ENGLISH | READ WRITE SPEAK |
| FATHER’S/MOTHER’S NAME |  |
| DESIGNATION |  |
| OFFICE ADDRESS |  |
| TEL.NO/ MOBILE NO |  |
| EMAIL ADDRESS |  |

**I ASSURE THAT THE ABOVE INFORMAITON GIVEN BY ME ARE TRUE AND ACCURATE AND WILL OBEY ALL THE RULES AND REGULATIONS IN THE INSTITUTE. FOR ANY REASON PAID PAYMENT WILL NOT BE REFUNDED BUT YOU CAN TRANSFER THAT PAYMENT TO ANOTHER COURSE.**

**HOW DID YOU GET INFORMATION ABOUT THE INSTITUTE:...............................................**

SIGNATURE : DATE:

**OFFICIAL USE: (REMARKS)**

|  |  |
| --- | --- |
| Application Received Date : |  |
| Student No: |  |
| Receipt No: |  |
| Remarks: |  |

Received By Name :............................. Signature :....................................