



State Owned Institute Under  
Ministry of Public Administration



A part of GDLN

## 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@dlcsrilanka.org](mailto:vajira@dlcsrilanka.org) or Fax: 011-2552474  
For Inquiries 0112-595916 / 071-6588888