



SRI LANKA INSTITUTE OF TEXTILE & APPAREL



APPLICATION FORM - FOR EXAMINATION

(ONLY FOR REPEAT APPLICANTS)

Name of Applicant			
Registration Number			
Course attended			
Year			
Mail address			
Contact Number	Residence:	Mobile:	
e-mail			

No.	Subject	Whether sitting for		Examination Fee*
		2 nd	3 rd	
01		2 nd	3 rd	
02		2 nd	3 rd	
03		2 nd	3 rd	
04		2 nd	3 rd	
05		2 nd	3 rd	
<i>Total Examination fee</i>				

*Rs.500/- should be paid for each subject, for the 2nd or 3rd attempt

Payment receipt No :
(payment slip should be attached herewith)

.....
Signature of Applicant

.....
Date

Remarks :

Approved/Not approved.

.....
Signature of Course Co-ordinator

.....
Date

For Office use only	
Date received	:
Program Officer	:

