



Sri Lanka Telecom
One Country. One Voice.

Sri Lanka Telecom Training Centre

City & Guilds in Telecommunication Systems



Registration Form

Training Course	<u>Certificate Level/</u> <u>Diploma Level/</u> <u>Adv. Diploma Level</u>	Batch	<u>Weekday/ Weekend</u>	Reg.no.
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In Block Letters	Full Name	Mr.	Ms.		Preferred Name

Name with Initials	
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Date of birth		NIC/DL/Passport No.	
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Address-Permanent	Address – during Training period
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Telephone No		Telephone No	
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Mobile No		Mobile No	
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Email		Email	
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If employed

Name of the employer	
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Address	
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In case of emergency, Inform

Name		Relationship	
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Address	
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Telephone		Mobile No.	
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I hereby declare that the particulars furnished above are true and correct.
I agree to abide by the rules and regulations of the Telecom Training Centre of Sri Lanka Telecom.

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Date

.....
Signature

Office use only

Payment details	Amount	Receipt no.
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Received	Id copy	Photos	Edu. Certificates	Other.....
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Remarks	
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..... Signature (Officer) Date	Photo