

# INSTITUTE OF APPLIED STATISTICS SRI LANKA

(Incorporated by Parliament Act No. 38 of 2011)

## Application Form for the.....(course name)

FULL NAME (Prof. / Dr. / Mr. / Ms.): .....					
.....					
PRIVATE MAILING ADDRESS AND CONTACT NUMBER:					
.....					
.....					
PHONE: .....	FAX: .....				
E-MAIL: .....					
Gender:	<table border="1"><tr><td>Male</td><td><input type="checkbox"/></td></tr><tr><td>Female</td><td><input type="checkbox"/></td></tr></table>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Male	<input type="checkbox"/>				
Female	<input type="checkbox"/>				
CITIZENSHIP: .....					
NATIONAL ID NO: .....					
Occupation: .....					
I certify that the information furnished above is true and accurate to the best of my knowledge and I am prepared to abide by the rules and regulations governing the registration and awarding of Certificate Course of the Institute of Applied statistics Sri Lanka. (IASSL)					
.....	.....				
Signature of the Applicant	Date				

Payments should be credited to IASSL People's Bank Account No. 086100130008638 at the Thimbirigasyaya Branch, **Scanned copy of the deposit slip and duly filled application form should be sent to the IASSL through [appstatsl@gmail.com](mailto:appstatsl@gmail.com)**. (We will appreciate if you could register for the course as early as possible. First come first serve basis will be proceeded due to limited seats. Duly filled application along with the copy payments slip should be submitted to the Institute before the commencement of the course).