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**REGISTRATION FORM**

**Programme Name:** Advanced Certificate in Public Procurement & Asset Management

***Please fill the following details.***

Organization : …………………………………………………………………………………

Address : …………………………………………………………………………………

Telephone : ……………………………..… Fax : ……………..……...………………

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| --- | --- | --- | --- | --- |
| **No** | **Name** | **Designation** | **Contact No** | **Email address** |
| 01 |  |  |  |  |
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| 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.***

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 Authorized Signatory Designation or Seal Date

*Once completed, please send this form to Email* *vajira@dlcsrilanka.org* *or Fax: 011-2552474*

*For Inquiries 0112-595916 / 071-6588888*