



Application for obtaining School Library License
Educational Publications Advisory Board
Ministry of Education

For Office Use Only

1.0 Details of the Book

1.1. Name of the printed book /manuscript				
1.2 Price of the manuscript/book				
1.3 Age group which the material is suitable for (tick the relevant box)	5-10 Yrs	<input type="checkbox"/>	15-20 Yrs	<input type="checkbox"/>
	11-15 Yrs	<input type="checkbox"/>	above 20 Yrs	<input type="checkbox"/>
1.4 Category (tick the relevant box)	Fiction	<input type="checkbox"/>	Non-fiction	<input type="checkbox"/>
1.5 Sub-category (Genre) (tick the relevant box)	Novel	<input type="checkbox"/>	Encyclopedia	<input type="checkbox"/>
	Young Adult	<input type="checkbox"/>	Journal	<input type="checkbox"/>
	Short Stories	<input type="checkbox"/>	Magazine	<input type="checkbox"/>
	Poetry	<input type="checkbox"/>	Guide books	<input type="checkbox"/>
	Drama	<input type="checkbox"/>	Auto/Biography	<input type="checkbox"/>
	Translation	<input type="checkbox"/>	Subject related	<input type="checkbox"/>
	Children	<input type="checkbox"/>	(Specify).....	
	Dictionary	<input type="checkbox"/>		
1.6 Name of the Editor				
1.7 Latest Edition of the book				
1.8 Latest Edition Year				
1.9 ISBN				
1.10 Name of the Illustrator				
1.11 Name of the Cover Page Designer				
1.12 Name of the book series				
1.13 No of books in the series				
1.14 No of books approved				

2.0 Principal Author Details

2.1 Name of the Author	
2.2 Address	
2.3 Contact number	
2.4 Email address	

3.0 Publisher Details

3.1 Name of the Publisher	
3.2 Address	
3.3 Contact number	
3.4 Email address	

Declaration of the Applicant

I have submitted 2 manuscripts / 3 copies of the printed book along with the receipt no worth Rs as review charges. I also agree to pay that amount to the state on the request of the Board if the Board has to incur any extra costs in reviewing the books.

Name of the applicant:

Address of the Applicant:.....

Signature of the applicant: Date:.....

(N.B. -if the books/manuscripts are sent by post the applicant must pay the reviewing charges through a money order addressed to the name the Secretary of Education or through the Postal Money Transfers (PMT) to be able to change at the Isurupaya post office addressed to "Secretary, Educational Publications Advisory Board, the Ministry of Education, Isurupaya, Battaramulla. Please note that the cheques are not accepted.)

4.0 Office Use	
4.1 PIV	
Receipt No	
Amount paid	
Receipt date	
4.2 Money Order	
Money Order No	
Amount paid	
Money Order Date	