



**Application Form For School Library License**  
**Educational Publications Advisory Board**  
**Ministry of Education, Higher Education and Vocational Education**

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**1 .0 Details about the book**

1.1. Name of Printed Book / Manuscript			
1.2 Price of Printed book / Manuscript			
1.3 Printed Book / Manuscript Suitable Age Group (please mark the v in applicable box )	5-10 years 11-15 years	<input type="checkbox"/> <input type="checkbox"/>	years 15-20 Over 20 years <input type="checkbox"/> <input type="checkbox"/>
1.4 ( Mark the V in the relevant box )	Fiction <input type="checkbox"/>	Non - fiction <input type="checkbox"/>	
1.5 Subcategories (Genres) ( Tick the v mark in the relevant box )	Novels <input type="checkbox"/> Youth literature <input type="checkbox"/> short stories <input type="checkbox"/> poems <input type="checkbox"/> Drama <input type="checkbox"/> Translations <input type="checkbox"/> Children's <input type="checkbox"/> Dictionaries <input type="checkbox"/>	Encyclopaedias <input type="checkbox"/> Journal <input type="checkbox"/> magazines <input type="checkbox"/> Guide books <input type="checkbox"/> Autobiographies/ -Biographies <input type="checkbox"/> Subject books <input type="checkbox"/> ( Please Mention ) .....	
1.6 ISBN number			
1.7 Author/Translator's Name			
1.8 Editor's Name			
1.9 Latest edition and year of the book			
1. 10 Name of the artist			
1.1 1 Name of Cover Designer			
1.1 2 Designer 's Name			
1.1 3 Has proof read/Has not proof read Name of the proof reader and Telephone no			

**2.0 Author Details**

2.1 Author's name	
2.2 Address	
2.3 Telephone number	
2.4 Electronic Mail (email) Address	

**3.0 Publisher's Details**

3.1 Publisher's Name	
3.2 Address	
3.3 Telephone number	
3.4 Email Address	

### Applicant's Statement

I hereby send you copies of 2 manuscripts /3 copies each from a printed book. Further, I have enclosed herewith a photocopy of the money order / money order bearing number ..... paid to the payment branch in favour of the Secretary of Ministry of Education as the prescribed survey fees and further,I hereby agree to pay an additional cost to the state that may be incurred by the state, as per the request of the board.

Name of Applicant - .....

Address of the applicant - .....

Signature of Applicant - ..... Date - .....

(Nota Bene/ Money orders must be sent when manuscripts are dispatched by post and money orders must be drawn in favour of the Secretary of Education or under Postal Money Transfer ( PMT) **Address " Secretary, Education Book Publication Advisory Board, Ministry of Education, Isurupaya, Battaramulla "** as to be transferred from the post office **Ministry of Education, Isurupaya, Battaramulla.** (Please, note that cheques are not accepted.)

<b>4.0 For office use</b>	
<b>4.1 PIV ( Paying in Voucher)</b>	
Receipt No:-	
Amount paid:-	
Date of payment	
<b>4.2 Money Order</b>	
Money order number	
amount paid	
Date of payment	