

**SRI LANKA INSTITUTE OF TAXATION**  
**APPLICATION FOR REGISTRATION AS A STUDENT**

<b>For Office Use Only</b>
Reg No.: 20...../...../.....
Date :

Please complete the form in **BLOCK CAPITALS**

1. I. Full Name (Mr./Mrs./Ms.) : .....
- II. Address : .....
- III. Telephone No : Res..... Office .....
- E-mail:..... Mobile:.....
- IV. Date of Birth
- |  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|
- Date                                  Month                                  Year
- V National Identity Card No :.....  
 (Please attach photocopy of identity card)
- VI. Designation & Place of work : .....

2. Educational Qualifications : (Please attach copies of relevant certificates)

Name of Examination	Year	Index No	Subject	Grade

3. If you do not satisfy the minimum educational qualifications, state your claim for registration:  
 (Please attach copies of relevant certificates)
- .....
4. Do you claim exemption from any paper in the intermediate examination? If so, details of your claim:  
 .....
5. Any other relevant information:  
 .....

I certify that the particulars given above are true and correct. I have read and understood the entry requirements and other conditions applicable for registration as a student of the institute. I am aware that if any information given in my application is found to be incorrect in any respect, my registration will be cancelled by the Council of the Sri Lanka Institute of Taxation.

**Payment:**  
 Cash / Amount :Rs..... ChequeNo: ..... Date:..... Bank br.....

**(Payment must be made to the any branch of People’s Bank, to the credit of A/C 337-1-001-3-0006039 at Dehiwala Galle Road branch. Please note to indicate your name, address & NIC number in the bank deposit slip )**

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 Signature of Applicant