

# Institute of Western Music & Speech

(Incorporated by Act of Parliament No. 44 of 1988)

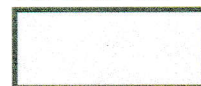
## Senior Certificate in English

(Recommended for G. C. E. O/L)

ENTRY FORM

(Please see section 4 on next Page)

For office use



Name of Principal / Teacher : .....

Name of School : .....

Address : .....

Telephone No. : .....

Centre Preferred : .....

| For<br>Office<br>Use |    | CANDIDATE'S NAME(In Block Letters) |                             | S<br>e<br>x | Date of<br>Birth | Rs. | CtS. |
|----------------------|----|------------------------------------|-----------------------------|-------------|------------------|-----|------|
|                      |    | LAST NAME OR SURNAME               | FIRST NAME AND INITIAL ONLY |             |                  |     |      |
|                      | 1. |                                    |                             |             |                  |     |      |
|                      | 2. |                                    |                             |             |                  |     |      |
|                      | 3. |                                    |                             |             |                  |     |      |
|                      | 4. |                                    |                             |             |                  |     |      |
|                      | 5. |                                    |                             |             |                  |     |      |
|                      | 6. |                                    |                             |             |                  |     |      |
|                      | 7. |                                    |                             |             |                  |     |      |
|                      | 8. |                                    |                             |             |                  |     |      |
|                      | 9. |                                    |                             |             |                  |     |      |
|                      | 10 |                                    |                             |             |                  |     |      |
|                      |    |                                    | TOTAL                       |             |                  |     |      |

Bank Draft / Mail Transfer / Credit Slip / Branch Advice

12, Kotalawala Gardens,

A/C No. 0080 - 102811 - 001

Colombo 4.

Seylan Bank Kollupitiya - I.W.M.S.

Principal / Teacher's  
Signature

Telephone } 2 582498

Fax } 2587328

A/C No. 718354

Bank of Ceylon

Bambalapitiya Branch - I.W.M.S.

**PLEASE DO NOT DEPOSIT CHEQUES**

Date : .....

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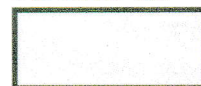
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