

9. Email Address

## **OLD GIRLS' ASSOCIATION** SIRIMAVO BANDARANAIKE VIDYALAYA

Stanmore Crescent, Colombo 7, Sri Lanka Tele: 2582110 Fax: 2581512

Paste a passport size photo

## Life Membership Application Form

(Please refer the instructions on the page 4, before filling the application)

Membership No.	
Enrolled Date	
Receipt No.	
Amount paid	
Received by	
(Name and Signature)	
tmations)	
tructions)	

**FOR OFFICE USE ONLY** 

	(1														(Na	(Name and Signature)										
Part A Personal Details  1. Full Name (In English Block Letters) (Please refer 'No.2 a' in the instructions)																										
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2. Name	with Init	rials (I	In Ei	nglis	sh Blo	ock I	Lette	ers)	(Ple	ease	e refe	er <u>1</u>	No.2	<u>b'</u> i	n th	e ins	truc	tion	s)							
<ul> <li>3. National Identity Card No</li> <li>4. Date of Birth -</li> <li>5. Civil Status -</li> <li>Married (Please fill Part F)</li> </ul> Unmarried																										
Part B Details of Residence/Contact Details																										
6. Permanent Address																										
	Address rent from a	above)																								
8. Teleph	Telephone No Mobile													Residence												

(If you don't have a personal mobile no. or email address, please provide us a valid mobile no. or email address of someone who can deliver the messages to you.)

art C Period in School									
10. Date of AdmissionDD / MM / YYYY	11. Admission No								
12. Date of LeavingDD / MM / YYYY	13. Leaving Class								
14. Did you sit for GCE A/L from Sirimavo B. V. ? -	Yes No								
15. Batch									
16. Year of Exams -									
GCE O/L - (F	irst attempt)								
GCE A/L - (Fi	irst attempt)								
17. Academic Qualifications achieved after school									
	1								
Name of the Degree/Diploma/Certificate Course	Name of the University/Institute	Name of the University/Institute Yea							
1									
2									
3									
4									
art E Details of Occupation									
18. Occupation									
(Please give full designation)									
19. Subject area of Occupation/Specialization									
(Including name of									
21. Telephone No. (Office)									
22. Email Address (Office)									

t F.	- If married,			
	our Maiden Name ame before your marriage)			
24. Do	etails of the Spouse			
a.	Name			
b.	NIC No			
c.	Occupation (Please give full designation			
d.	Subject area of Occu	pation/Specialization	on	
e. 25. Do	(Including name of			
No.		Name	Date of B	irth School
1			DD/MM/Y	YYY
2			DD/MM/Y	YYY
3			DD/MM/Y	YYY
4			DD/MM/Y	YYY
	1		1	
rt G.	- Declaration			
I here	eby declare that the par	ticulars given abov	e are true and accurate	to the best of my knowledge.
-	Date			Signature of Applicant

## **Instructions for Applicants**

1)	Make s will not													in or	der	to o	btair	n Me	mbe	ershi	p. Y	our a	appl	icatio	on
Γ	√ <u>C</u>	heck	Lis	<u>st</u>																					
		]	1.	<ul> <li>Completed Application Forms. (Incomplete applications shall not be entertained)</li> <li>OGA application form and</li> <li>Membership card application form</li> </ul>																					
			2.	<b>Two recent, passport-size coloured photographs</b> in a light gray background (One pasted on the membership application form and the other in an envelope attached to the membership card application form)															to						
				If possible, please email a <b>high resolution softcopy</b> of your original photograph to <a href="mailto:sbvmembershipcard@gmail.com">sbvmembershipcard@gmail.com</a> (to be taken for your membership card)																					
		]	3.	<b>A photocopy of your leaving certificate</b> (Please <u>bring the original leaving certificate</u> along with the photocopy)															ong						
			4.	<b>Membership fee - Rs.5000/-</b> (Membership fee for those who apply within 2 years of sitting A/Ls - Rs.2500/-)																					
		]	5.	Membership card fee - Rs.500/-																					
2)	Account Number - 086-1-001-0-1190497  Bank & Branch - People's Bank, Timbirigasyaya Account Name - Old Girls' Association Sirimavo B B V Reference - Your name (Photocopy of the bank receipt to be produced with the original)  2) Special instructions regard to filling the application form.																								
	a)	Ful	l na	me -				writ (Fam									eavii	ng a	spac	e (b	lank	squa	are)	after	•
	N	A	V	I	M	A	N	A	G	E		I	S	U	R	Ι		S	A	M	A	D	Н	I	
	P	E	R	E	R	A																			
	b) Name with initials - Write initials separated with "•" (dots).  Examples:																								
			•	Nav	imai	nage	Isur N	rı Saı	mad I	hı Pe	s erera	ı .	P	Е	R	Е	R	Α		7					
			•	Nup	se A	rach	chig	e Isu	ıri Sa	amac	lhi	ı		Į.						_					
							N	-	A	-	Ι		ı	A	M	A	D	Н	I						
			•	Nav	imai	nage [	Isur <b>N</b>	ri Saı	mad I	hi G •	una: <b>S</b>	seka:	ra Pe <b>G</b>			E	R	E	R	A					
						_	_	_	_			_	_	_	_		_	_	_	_	_				

\* Your name will be printed on your membership card in the above mentioned format (<u>name with initials</u>) and we take no responsibility for missing/wrong initials and spelling errors done by you.