



ଆସ୍ପାଇରାସନ ଓ ଶ୍ରମିକ ଉନ୍ନୟନ

ස්ପେକ୍ଟ୍ରା କ୍ଷମତା ବିକାଶ କେନ୍ଦ୍ର  
Spectra Skills Development Centre

Registration No:

**Student details / Registration form**

1. Select Course

FCAW 3G Welding Training Program

Fabrication

2. Name (With initials)

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.....

3. Name (In Capital as per the Passport)


4. Address

.....  
.....  
.....

5. Phone number

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6. Identification number (ID)

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7. Current Job

.....

8. Duration of employment

.....

9. Details of the person to be notified in an emergency

9.1 Name

.....

9.2 Telephone number

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9.3 Relationship

.....

10. Should we connect you to an assessment agency?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

11. Should our company connect you to a foreign employment agency?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

I hereby certify that the facts mentioned here are true and correct and I am responsible for any mistake in the information I have mentioned here.

.....  
Signature

.....  
Date