

International Institute of Music, Speech & Drama

No. 25, Isipathana Mawatha, Colombo 5. Tel: 011 - 2375853 / 4513969 Fax: 0112375853 Email: iimsd_ferdi@yahoo.com Website: www.iimsd.com

ENTRY FORM FOR	R IIMSD EX	AMINATIONS 2	2024 Requested	Date/M	onth :		
Teacher's Name Mr. / Ms :							
School Name (if necess	3.				For Office Use Only		
Qualification :	• • • • • • • • • • • • • • • • • • • •	,					
(pertaining to the subj	ect to be inc	luded in the Certif	ficate if needed)		Receipt No: Amount :		
Address :	•••••	• • • • • • • • • • • • • • • • • • • •	••••••	• • • • • • • • • • • • • • • • • • • •	Date :		
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Telephone / Fax. :		Mobile :	• • • • • • • • • • • • • • • • • • • •				
E-mail:				•••••	• • • • • • • • • • • • • • • • • • • •		
Date Submitted:							
Physical Exams Online Exams (Spee Recorded Exams (M Please fill this ent SUBJECT - Please put SPEECH SUBJECTS Spoken English Spee	lusic subjec	cts only)	•		English General		
Drar		Communication	Communication	Wilecon	English		
MUSIC SUBJECTS							
	ctronic /board	Violin	Recorder	Theory	of Music Singing		
Your REGISTERED CENTRE	for Practical	& Written Exam	ns - Please put a tio		 n the requested centre box		
EXAMINATION CENTI	RE Tick √	YOUR REGISTERED	D CENTRE				
СОГОМВО		Athurugiriya / Avissa Wattala / Panadura	Athurugiriya / Avissawella / Colombo / Kandana / Malabe / Thalawatugoda / Wattala / Panadura				
GALLE		Ambalangoda/ Galle,	/ Hikkaduwa				
GAMPAHA		Gampaha / Ganemulla / Minuwangoda / Mirigama / Veyangoda / Yakkala					
HATTON		Bogawantalawa / Dikoya / Hatton / Kotagala / Maskeliya					
KANDY		Kandy / Kegalle / Kurunegala / Warakapola					
MATARA		Matara / Weligama					
NEGOMBO		Chilaw / Kotugoda / Kochchikade / Marawila / Minuwangoda / Negombo /					
PANADURA		Pamunugama / Seeduwa / Wennappuwa Kalutara / Matugama / Panadura / Wadduwa					
RAKWANA		Rakwana / Kahawatte					
RATNAPURA		Ratnapura / Balangoda					
OWN EXAMINATION		Aluthgama/Anuradhapura/Aryampathy/Badulla/Bandarawela/Batticaloa/Gampola/					
CENTRE		Jaffna/Kadawatha/Killinochchi/Mannar/Mullaitivu/Nuwara Eliya/ Point Pedro /					
		Tangalle/Vavuniya/Karaitivu/Thirunelvely					

PLEASE NOTE THE FOLLOWING

- Please fill the names (only one name and surname) in <u>BLOCK CAPITALS</u> & each <u>SUBJECT</u> to be entered in a <u>SEPARATE</u> form
 according to the <u>ORDER OF GRADES</u>. Please enter children of one Family together <u>ONLY</u> for <u>PRACTICAL EXAMINATIONS</u>.
- <u>Correction of name or re-issue</u> of an admission notification <u>a fee of Rs.750/=</u> will be charged. If it is a computer error, Rs.750/- will be refunded.
- <u>Certificates needing name corrections</u> after they have been issued will incur a **Rs. 750/= fee per Certificate**.
- Change of Date or Re entry will be on half payment of the entry fee.
- Change of Grade will be the payment of **Difference in payment of entry fee**.
 - Entry form should be handed over 2 month prior to requested date of exams.
 - Late entries will be accepted free of charge for one week after closing date.
 - Late entry fee of half the entry fee will be charged for entries received during the second and third week after the closing date.

Extra forms may be photocopied.

• Entries received from the fourth week after the closing date will be scheduled for the next session.

CANDIDATE ENTRY FORM

SUBJECT:

- PLEASE GROUP YOUR CANDIDATES ACCORDING TO SUBJECT AND GRADE.
- **EACH SUBJECT** TO BE ENTERED SEPARATELY.

	ONLY THE NAME COMMONLY USED & SURNAME IN CAPITAL LETTERS. (As to appear on the Certificate)			r o	f	Grade	Fee
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01							
02							
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 Bank Account Details: 	Bank Account Details:										
Name of Account	- International Institute of Music Speech & Drama (Pvt) Ltd.										
Name of Bank and Account No.	- Commercial Bank - Kollupitiya Branch A/C 1108127601 Sampath Bank - Kollupitiya Branch A/C 0134-1000-1297										
Teacher's Signature :	Date :										