



IIMSD

International Institute of Music, Speech & Drama

No 25, Isipathana Mawatha, Colombo 05.

Tel: 011 2375853 / 011 4513969

E-mail: iimsd_ferdi@yahoo.com

Web: www.iimsd.com

DIPLOMA ENTRY FORM 2026:

Young Learners / Advanced Learners

Teacher's Name Mr. / Ms.: Reg. No.:

Qualification:

Address:

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Telephone: Mobile:

E-mail:

GENERAL NOTES

1. Please complete the form in BLOCK CAPITALS.
2. Please consult the syllabus for details of pre-requisite requirements.
3. Please ensure the requirement section is completed and proof of pre-requisites is attached when applicable. (Photocopies are preferable)

Date Submitted:

For Office Use

Receipt No. :-

Amount :-

Date :-

CANDIDATE DETAILS:

Candidate Name: (as to appear on the certificate)

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Address:

Tel: E-mail:

Date of Birth:

D	D	M	M	Y	Y	Y	Y
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EXAMINATION DETAILS:

DIPLOMA	SECTION	TICK	FEE
Certificate in Teaching Young Learners Cert. IIMSD (TD) in YL	Complete		
Certificate in Teaching Advanced Learners Cert. IIMSD (TD) in AL	Complete		
Diploma in Teaching Dip IIMSD (TD)	Complete		
TOTAL			

ENTRY REQUIREMENTS:

Cert. IIMSD (TD) Pre – requisite qualification ☐
Please state pre – requisite qualification:
with proof.

Dip. IIMSD (TD) Pre – requisite qualification ☐
Please state pre – requisite qualification:
with proof.

AIIMSD (TD) Pre – requisite qualification ☐
Please state pre – requisite qualification:
with proof.

LIIMSD (TD) Pre – requisite qualification ☐
Please state pre – requisite qualification:
with proof.

Payment Methods,

Cheque in favour of “International Institute of Music, Speech & Drama (Pvt) Ltd.”

Online Transfer:

Name of Account Holder	- 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 / Candidate Signature: - Date: