



IIMSD

International Institute of Music, Speech & Drama
 62, Lauries Road, Colombo 04. Tel : 011 2375853 / 011 4513969 Fax: 2375853
 E-mail: iimsd_ferdi@yahoo.com Web: www.iimsd.com

DIPLOMA ENTRY FORM 2022: SPEECH & DRAMA

Approved by the Society of Teachers of Speech & Drama UK
LIIMSD Teachers Diploma is accepted for Full STSD Membership

For Office Use

Receipt No:-.....
 Amount :-.....
 Date :-.....

Teacher's Name Mr. / Ms :..... Teacher Reg. No.
 Qualification :.....
 Address :.....
 Telephone / Fax. :..... Mobile :

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 where applicable. (Photocopies are preferable)

Date Submitted :

CANDIDATE DETAILS :

Candidate Name : (as to appear on the certificate)

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 Speech & Drama Cert. IIMSD (Speech & Drama)	Complete		
Diploma in Teaching Speech & Drama Dip. IIMSD (Speech & Drama)	Complete		
Associate in Teaching Speech & Drama AIIMSD (Speech & Drama)	Complete		
Licentiate in Teaching Speech & Drama LIIMSD (Speech & Drama)	Complete		
	Practical only		
	Theory only		
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.

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

Commercial Bank - Kollupitiya Branch A/C 1108127601

Sampath Bank - Kollupitiya Branch A/C 013410001297

Teacher / Candidate Signature :-

Date :



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DIPLOMA ENTRY FORM 2022: Young Learners / Advanced Learners

For Office Use
 Receipt No:-.....
 Amount :-.....
 Date :-.....

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

Qualification :

Address :

.....

Telephone / Fax. : 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 where applicable. (Photocopies are preferable)

Date Submitted :

CANDIDATE DETAILS :

Candidate Name : (as to appear on the certificate)

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.

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Sampath Bank - Kollupitiya Branch A/C 013410001297

Teacher / Candidate Signature :-

Date :