CSSL
COMPUTER SOCIETY
OF SRI LANKA

Shaping the future of ICT professionals

Forename(s): Mr./Mrs./Ms./Other Title …………………………………………………..	Surname: …………………………………………………….. ……………………………………………………………………
How it should appear on the Certificate: ……………………………………………………..	Home Address: …………………………………………………… …………………………………………………………………………… …………………………………………………………………………… Telephone: ……………………………………………………………
Contact details to correspond with CSSL: Mobile: ………………………..…… E-Mail: ……………………………………………..……..	Date joined to follow the current course of study ….…./……./……..

The Name of the current Educational Programme and provider:

……..

……..

ICT Education - Diplomas/Degrees or Equivalents/Training obtained including the current programme.

School / University / Institution	Names of the course(s) / Programme(s)	Duration		Results / Dates of qualification / Status
		From	To	

DETAILS OF REFEREES:

A member of the Institute/University should recommend the Application for Student Membership.

I have read the particulars of this form which to the best of my knowledge and belief are true and recommend the candidate to the Council for election as a Student Member of The Computer Society of Sri Lanka.

Name: ……………………………………………..   Signature: ……………………………….   Date: ………/………./…………

DECLARATION:

I certify that the statements on this form are correct. I promise that in the event of my admission to Student Member status, I will observe the Code of Professional Conduct, and will uphold and promote the objectives of CSSL.

Signature: …………………………………………   Date: ………/………/….………

Application approved by CSSL Executive Council / Student Counsellor

Name: ……………………………………………..   Signature: ……………………………….   Date: ………/………./………….

The application and other relevant documents should be sent to:- The Computer Society of Sri Lanka, No.275/75,Stanley Wijesundera Mawatha, Colombo 7. Sri Lanka. Tel: 011- 4713336

Student Registration Fee – Rs 500.00 , Annual Student Membership Fee - Rs. 500.00 (Both are Waived off for one year)